*Mamawetan Churchill River Health Region*
*2002-2003 Annual Report*

# Mamawetan Churchill River Health Region

*"To preserve, promote and enhance the quality of life through leadership and working together in wellness."*

103-06639/

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July 18, 2003

The Honourable John Nilson
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Sk. S4S 0B3

Dear Minister Nilson;

In accordance with *The Regional Health Services Act*, it is my pleasure to present to you the Annual Report of the Mamawetan Churchill River Regional Health Authority for the fiscal year ending March 31, 2003.

Respectfully submitted,

Louise Wiens

Louise Wiens
Chairperson

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## Glossary of Abbreviations

| | |
|---|---|
| AEDC | Aboriginal Employment Development Coordinator |
| AHA | Athabaska Health Authority |
| APRS | Addiction Prevention and Recovery Services |
| BMI | Body Mass Index |
| CADAC | Creighton Alcohol and Drug Awareness Council |
| CAPC | Community Action Plan for Children |
| CCHSA | Canadian Council on Health Services Accreditation |
| CDA | Canadian Diabetes Association |
| CHAP | Community Health Action Plan |
| CQI | Continuous Quality Improvement |
| DaPT-Polio-Hib | Diphtheria, Pertussis, Tetanus – Polio – Hemophilus Influenza Type B Vaccination |
| DMF | Decayed, Missing, Filled |
| ECIP | Early Childhood Intervention Program |
| FASD | Fetal Alcohol Syndrome Disorder |
| HCO | Health Care Organization |
| HRDC | Human Resources Development Canada |
| HSAS | Health Sciences Association of Saskatchewan |
| ICFS | Indian Child and Family Services |
| IP | Internet Protocol |
| JJE | Joint Job Evaluation |
| KCC | Kinsmen's Children Centre |
| KFN | Kids First North |
| KYHR/RHA | Keewatin Yatthe Health Region/Regional Health Authority |
| LPN | Licensed Practical Nurse |
| LTC | Long Term Care |
| MCRHR/RHA | Mamawetan Churchill River Health Region/Regional Health Authority |
| MDS | Minimum Data Set |
| MHO | Medical Health Officer |
| MMR | Measles, Mumps, Rubella Vaccination |
| MRSA | Multiple Resistant Staph Aureus |
| NFS | Nutrition & Food Services |
| O&G | Obstetrics & Gynecology |
| OH&S | Occupational Health & Safety |
| OOS | Out of Scope |
| P&P | Policies & Procedures |
| PART | Professional Assault Response Training |
| PBCN | Peter Ballantyne Cree Nation |
| PCN | Primary Care Nurse |
| PHI | Public Health Inspector |
| PHU | Population Health Unit |
| PYLL | Potential Years of Life Lost |
| RHA | Regional Health Authority |

| | |
|---|---|
| RN | Registered Nurse |
| SAHO | Saskatchewan Association of Health Organizations |
| SARS | Severe Acute Respiratory Syndrome |
| SCA | Special Care Aide |
| SGEU | Saskatchewan Government & General Employees Union |
| SGI | Saskatchewan Government Insurance |
| SIIT | Saskatchewan Indian Institute for Technology |
| SIPH | Saskatchewan Institute for the Prevention of Handicaps |
| SLP | Speech Language Pathologist |
| SRNA | Saskatchewan Registered Nurses Association |
| STI | Sexually Transmitted Infection |
| SUN | Saskatchewan Union of Nurses |
| TB | Tuberculosis |
| TLR | Transferring, Lifting and Repositioning |
| WHMIS | Workplace Hazardous Materials Information System |

# Mamawetan Churchill River Health Region
# 2002-2003 Annual Report

## Mission, Vision and Values:

*Our mission is a description of our purpose or "why we exist" and identifies what we intend to do; for whom; and how we will do it. It does not describe the activities that we do on a day-to-day basis.*

**Mamawetan Churchill River Regional Health Authority's Mission:**
**"To preserve, promote and enhance the quality of life through leadership and working together in wellness."**

*Our vision represents our picture of what the ideal future will look like. It conveys our future hopes and aspirations, even if they are never fully attainable. It is a positive, and inspiring statement of where and what we want to be in the future. Our Vision is the driving force behind the improvements we strive for and will be used as our guide to major and minor organizational decisions and actions. We believe our Vision should be widely shared so it will provide guidance and motivation to our staff.*

**External Vision:** "Children will be born healthy and raised in a safe, healthy and happy environment supported by the family and the community."

**Internal Vision:** "Our organization will be a safe and healthy workplace characterized by a reflective workforce and recognized by trust and respect for all employees; openness in all we do; and with an ongoing desire to improve services to our residents and to provide life long learning and career opportunities among our staff."

*Values are the principles that guide our daily behaviours and identify what we believe in and how we will act or should act while providing programs and services that are relevant and will help us to accomplish our mission.*

**Values:**

We believe that:

- Every person and culture has the right to their values and beliefs (this includes culture and spiritual beliefs).
- Each individual has unlimited potential.
- People, especially children, are our most important resources.
- All people have equal intrinsic worth.
- The family, community and environment are primary influences in the development of the individual.
- Health is an important element in the development of an individual's mental, physical, social, spiritual and emotional needs.
- We need truth, honesty, respect and commitment for all in the framework of society.
- Everyone is created equal, unique and worthwhile.

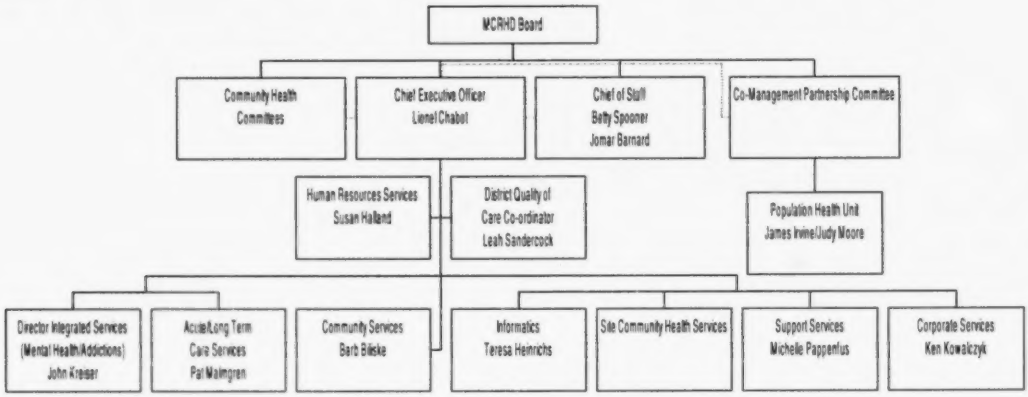
**Goals:**

- Establish and foster a strong health promotion and illness and injury prevention approach to well being.
- Ensure that client-centered health care is accessible, appropriate, high quality, efficient, effective and delivered in a timely manner.
- Develop a mechanism for interagency cooperation and collaboration on the determinants of health.
- Continually improve and maintain the well being of all stakeholders and to address the needs of vulnerable groups (infants, youth, elders and those with special needs).
- Improve utilization of self-care.
- Recognize and respect the right to self-determination for aboriginal people.

## Governance and Organization:

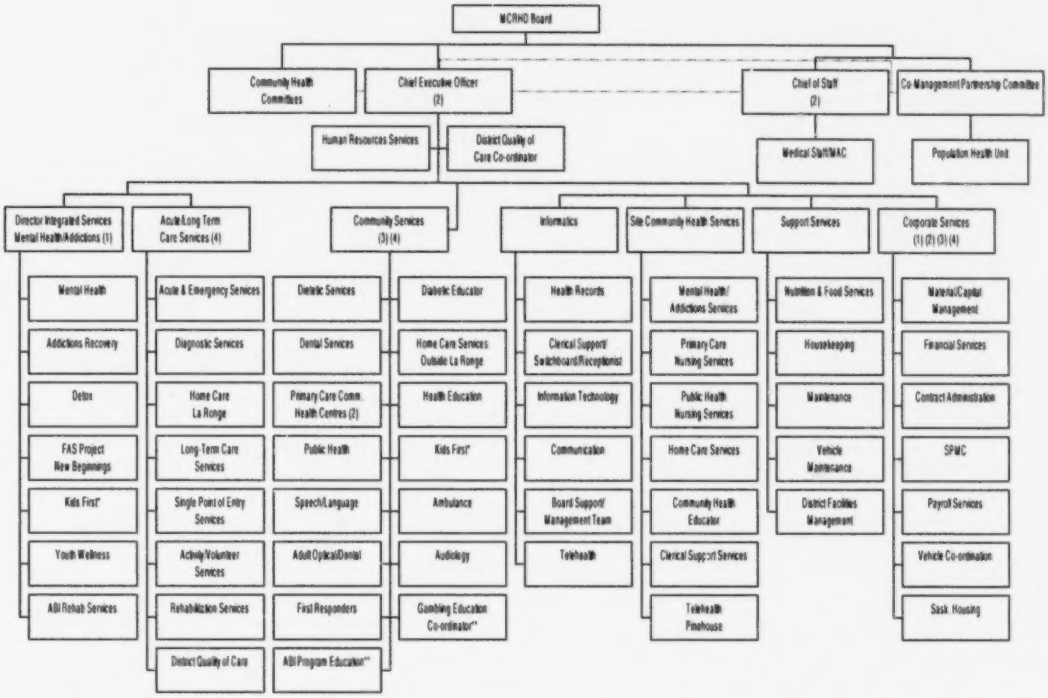
Organizational Chart:

MCRHR is organized in a matrix structure, using both a departmental and geographical criteria. Each program manager or director is held accountable for one or more functions in addition to a geographical area. These senior managers and the Chief Executive Officer make up the Leadership Group. An organizational chart is provided for reference.



Functional Chart:

Identifies functional activities and the corresponding program managers accountable for that function.




A unique relationship exists between the RHAs in the north under the auspices of the Co-Management Partnership Committee and Co-Management Advisory Group, which provides direction to the Population Health Unit.

The Population Health Unit, which is comprised of fifteen staff members, focuses on the factors that enhance the health and well-being of the overall northern population. Population Health is concerned with the living and working environments that affect people's health, the conditions that enable and support people in making healthy choices, and the services that promote and maintain health. These include:

- Environmental Health
- Communicable Disease Control
- Chronic Disease Control
- Dental Health Education
- Public Health Nutrition
- Health Indicators
- Management
- Medical Health Officer Services

The PHU is the communication link between the three health authorities in Northern Saskatchewan. Through the Co-Management Partnership Agreement signed between the three authorities, the PHU coordinates the monthly Co-Management Advisory Group meetings (the working group for communication, sharing, collaboration, cooperation and coordination of northern programs, initiatives and services) and the quarterly Co-Management Partnership Committee meetings (the governance group) on a regularly scheduled basis. An internal evaluation of the co-management process was undertaken in 2001-2002 and an external evaluation is underway.

The Medical Health Officer and PHU Manager serve as members of the Northern Health Strategy working group. Key accomplishments included the organization and coordination of the Romanow Commission visit to La Ronge in July 2002 to present the Northern Health Strategy. Another key accomplishment included the development of a letter of intent for funding through the primary health care transition fund and participation in several key strategic planning sessions.

While the PHU is a component of the three northern health authorities, more interaction occurs with MCRHR because it is the local authority and employer for most of the PHU staff and functions such as budget development, policy and procedure review, Occupation Health and Safety, etc are determined at this management level.

## Major Initiatives/Accomplishments:

(Report from Chairperson, Louise Wiens)

As I look back over the year, I noted key events.

It was a year of transition throughout the province. First, the structure of the health regions changed. The geographic changes affected us less than they did the south, because we retained our boundaries. In fact, we felt that our influence increased when we became one health authority out of twelve plus one (the Athabaska Health Authority), plus one (the Cancer Agency), rather than one of thirty two plus the Athabaska Health Authority. We, also, did not have to deal, as the other districts did, with the merging of several health districts into one.

However, there were adjustments for us, too. There were new board members appointed: Greg Ross of Pinehouse, Angie Merasty of Pelican Narrows, Peter J. Bear of Sandy Bay and Lyle Carlson of Air Ronge. Reappointed were Louise Wiens, chairperson, Mary Denechezhe, vice-chair, Charlene Logan, Al Rivard, Tammy Cook-Searson and William Dumais. There followed local, provincial and SAHO orientations, the review of by-laws and policies…..etc.

There were changes in our reporting structure. Board chairs met at the beginning of each month with the Health Minister, in a forum where information was exchanged between the Department and the Health Authority. CEOs attended Leadership Council. We continued to rely on Kathy Chisholm and Krysta Watt of District Management Support Branch for clarification of immediate concerns.

Another change was a verbal and written presentation in Regina in October of our 2003-2004 operational plan by Lionel Chabot, CEO, Ken Kowalczyk, CFO and Louise Wiens. Dr. James Irvine, the Medical Health Officer of the three northern areas, did a Power Point presentation regarding the population health statistics and community health monitoring.

Another key event was the progress that was made in the development of the northern health strategy. The Romanow Commission met in La Ronge in July with the leaders of the health authorities: Keewatin Yatthe, Mamawetan Churchill River, Kelsey Trail and Athabaska, with the Northern Inter-Tribal Health Authority and with representatives of both the provincial and federal governments. Mary Denechezhe chaired the meeting. When dollars were committed by the two governments, a coordinator, Earl Cook, was hired. In partnership with the northern health groups we can lobby for improvement in our health determinants and the delivery of health services in the north.

A major project for everyone in the health region was the preparation for the visit of the accreditation survey team. Our achievement of accreditation with report, a measurement by a national standard, was a noteworthy accomplishment. Cheers!

Let me list other important achievements:

1. When we signed the Aboriginal Employment Development Partnership, we recognized the importance of preparing the workplace for the career development of the people in the north. This year we were able to hire a coordinator, Millie Goulet, to guide us in these responsibilities.
2. Our Community Health Action Planning process is nearing completion. The information that has been gathered in the communities of Pinehouse, Sandy Bay, Creighton, Denare Beach and Flin Flon, Sk., Weyakwin, Air Ronge and La Ronge, supplemented by information from Statistics Canada, Sask. Health and the Population Health Unit, will become the basis of strategic planning for the future.
3. Early in the year, there was a review of the Northern Diabetes Prevention Coalition. The results have made an impact out of proportion to the funding we received.
4. We continue to rely on the Population Health Unit to provide documentation to explain the health needs of the north.
5. We have been evaluating the Co-management Agreement of the two health authorities – MCRRHA and KYRHA, and with the prospect of AHA becoming a third member. The review has been an opportunity to strengthen the intent of the original document and to make any necessary changes.
6. The second LPN graduation was held in December.
7. Long service recognition awards were fun occasions.

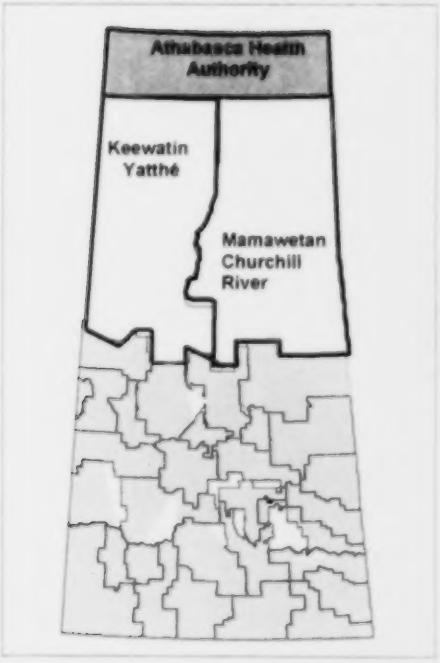
We have completed five years as a health region. Thanks to everyone for their continued hard work. You've done an excellent job!

## Regional Environmental Scan:

The Environmental Scan is comprised of two major components, a health status report generated by the PHU and a community by community assessment referred to as a Community Health Action Plan (CHAP).

Health Status:

**Population Health Unit**
**Keewatin Yatthé & Mamawetan Churchill River Health Regions**
**& Athabasca Health Authority**




2002
Northern Population
34,600

| | |
|---|---|
| Athabasca | 2,360 |
| Keewatin Yatthé | 11,147 |
| Mamawetan CR | 21,094 |

317,000
square kilometers

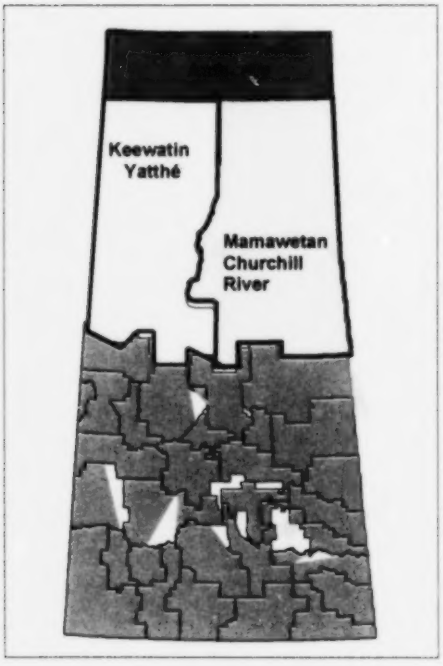
# Regional Environmental Scan:

The Environmental Scan is comprised of two major components, a health status report generated by the PHU and a community by community assessment referred to as a Community Health Action Plan (CHAP).

Health Status:

Mamawetan Churchill River HR
Health Status Report
to June 2003

**Population Health Unit**
**Keewatin Yatthé & Mamawetan Churchill River Health Regions**
**& Athabasca Health Authority**

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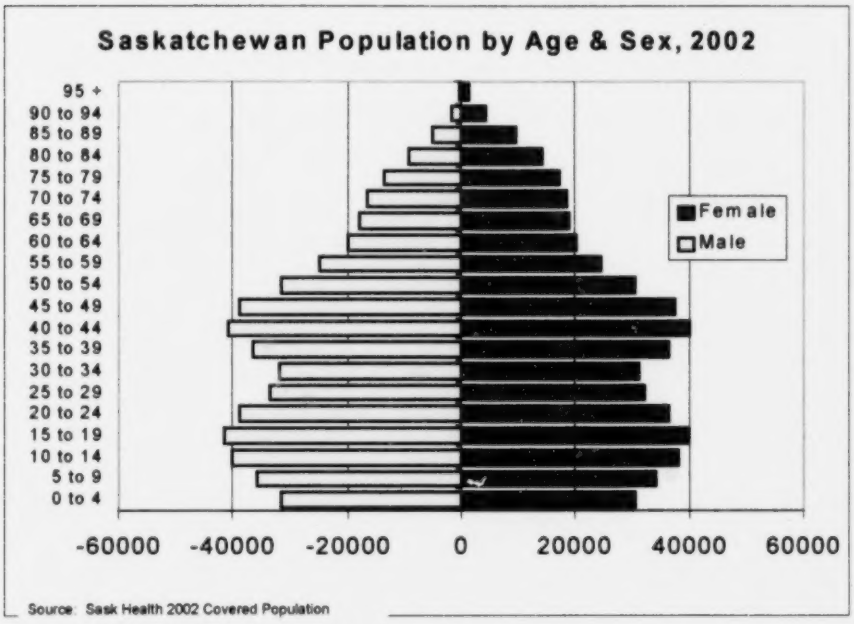
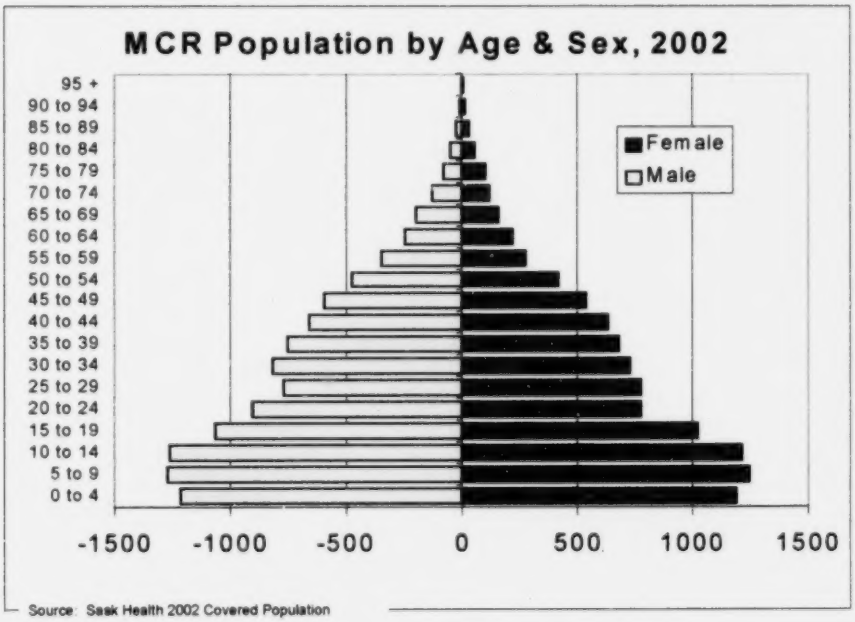
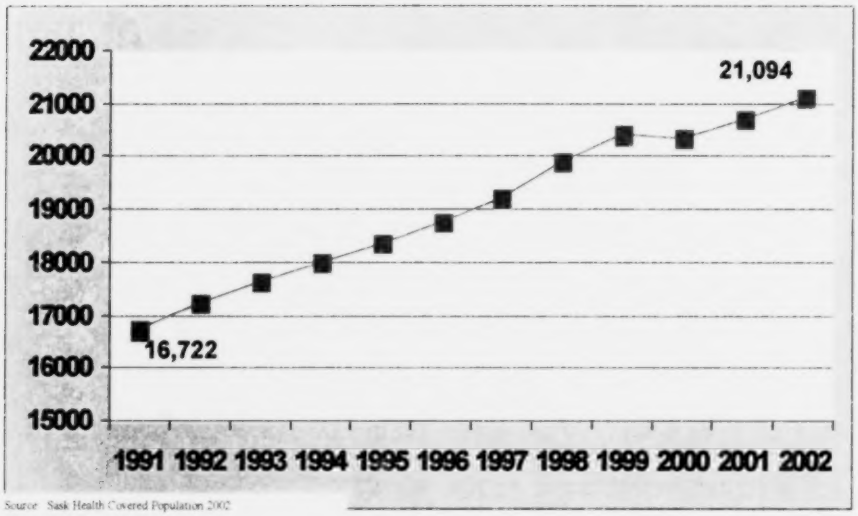



Source: Sask Health 2002 Covered Population
Prepared by Population Health Unit, April 2003




Source: Sask Health 2002 Covered Population
Prepared by Population Health Unit, April 2003



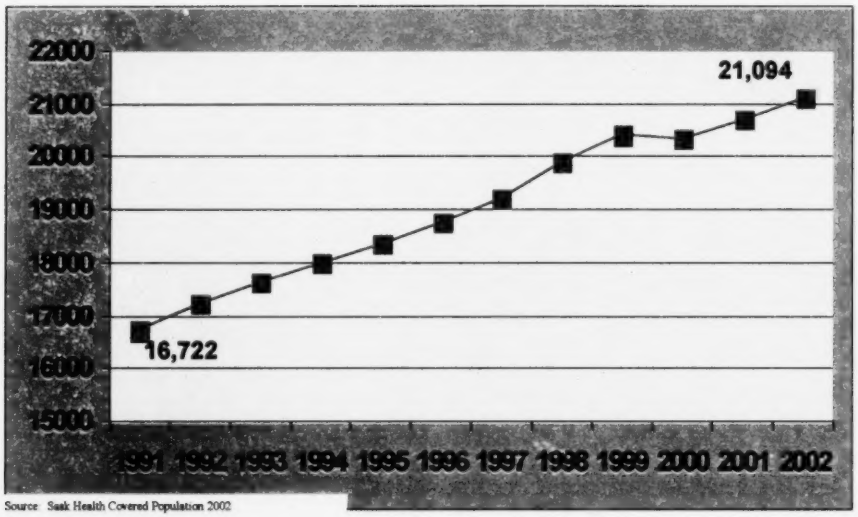

Source: Sask Health Covered Population 2002
Prepared by Population Health Unit, May 2003

## Changes in Population

| | AHA | KYHR | MCRHR | Sask |
|---|---|---|---|---|
| | | | | |
| **2001** | 2,282 | 11,092 | 20,678 | 1,024,788 |
| **2002** | 2,360 | 11,147 | 21,094 | 1,024,827 |
| | | | | |
| % Increase | 3.4% | 0.5 % | 2.0 % | 0.01 % |

Source: 2001 & 2002 Covered Populations
Prepared by Population Health Unit, Mar/03

## MCRHR Population Changes 1991-2002

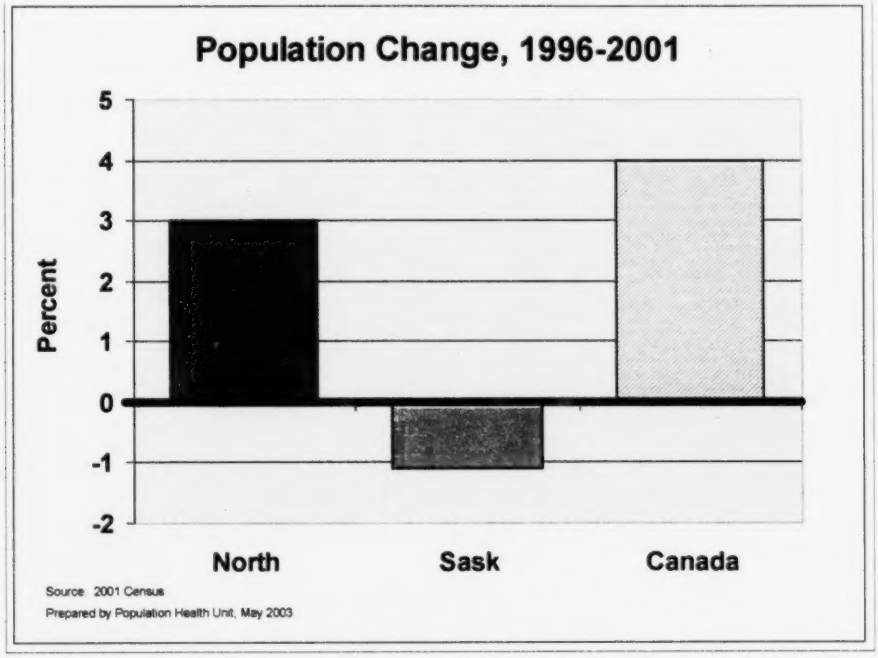


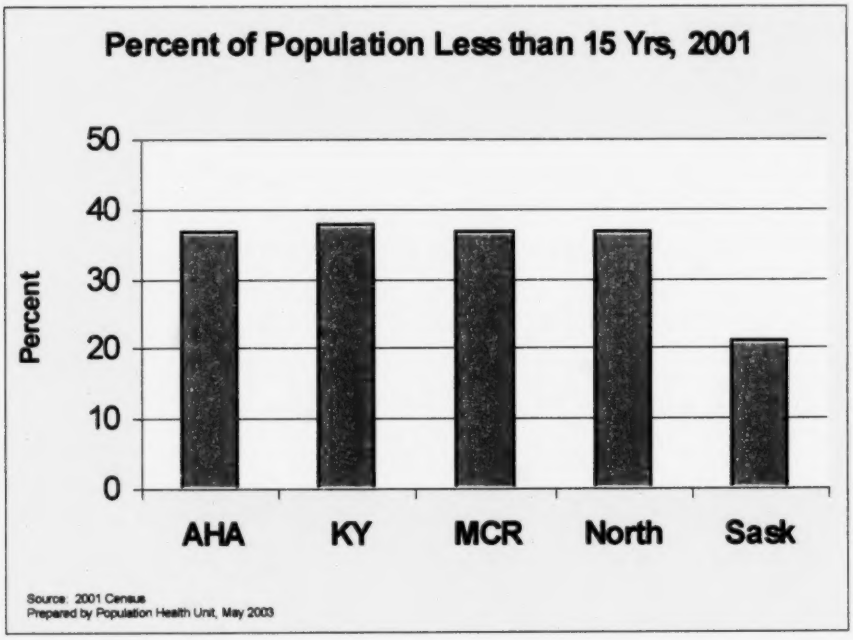

Source: Sask Health Covered Population 2002
Prepared by Population HealthUnit, May 2003

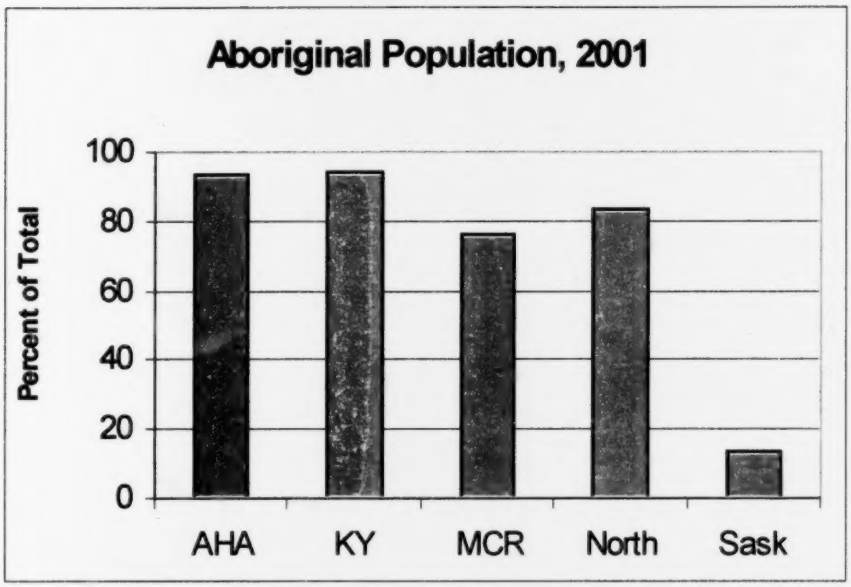
## Changes in Population (2001 – 2002)

| | AHA | KYHR | MCRHR | Sask |
|---|---|---|---|---|
| | | | | |
| **2001** | 2,282 | 11,092 | 20,678 | 1,024,788 |
| **2002** | 2,360 | 11,147 | 21,094 | 1,024,827 |
| | | | | |
| % Increase | 3.4% | 0.5 % | 2.0 % | 0.01 % |

Source: 2001 & 2002 Covered Populations
Prepared by Population Health Unit., Mar/03


Population Change, 1996-2001
Percent
5
4
3
2
1
0
-1
-2
North
Sask
Canada
Source: 2001 Census
Prepared by Population Health Unit, May 2003


Percent of Population Less than 15 Yrs, 2001
Percent
50
40
30
20
10
0
AHA
KY
MCR
North
Sask
Source: 2001 Census
Prepared by Population Health Unit, May 2003




Source: 2001 Census
Prepared by Population Health Unit, May 2003

## Northern Births: Approximate Yearly Average

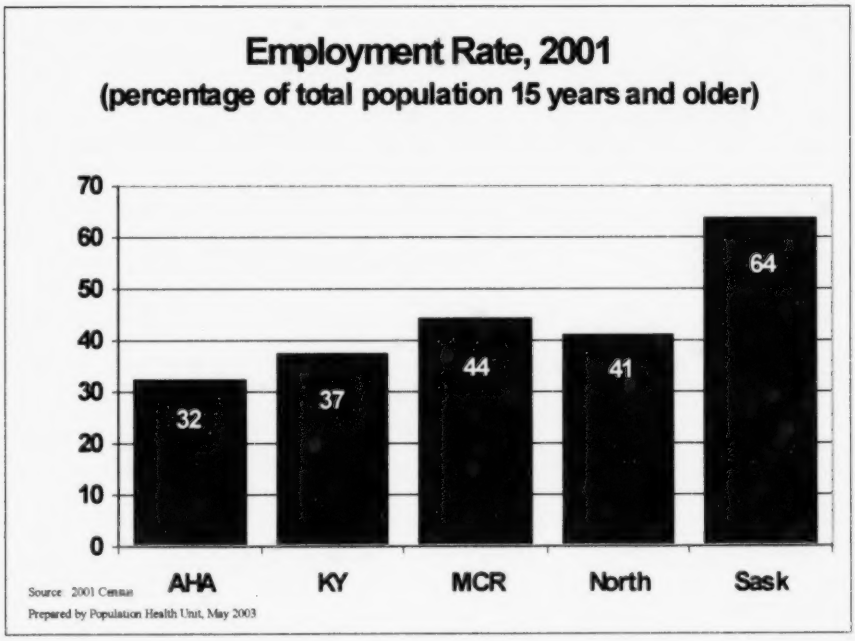
| Health Region | 1991-96 Yearly Average | 1996-2001* Yearly Average |
|---|---|---|
| Athabasca | 67 | 57 |
| Keewatin Yatthé | 287 | 253 |
| Mamawetan Churchill River | 533 | 506 |
| Total North | 887 | 798 |

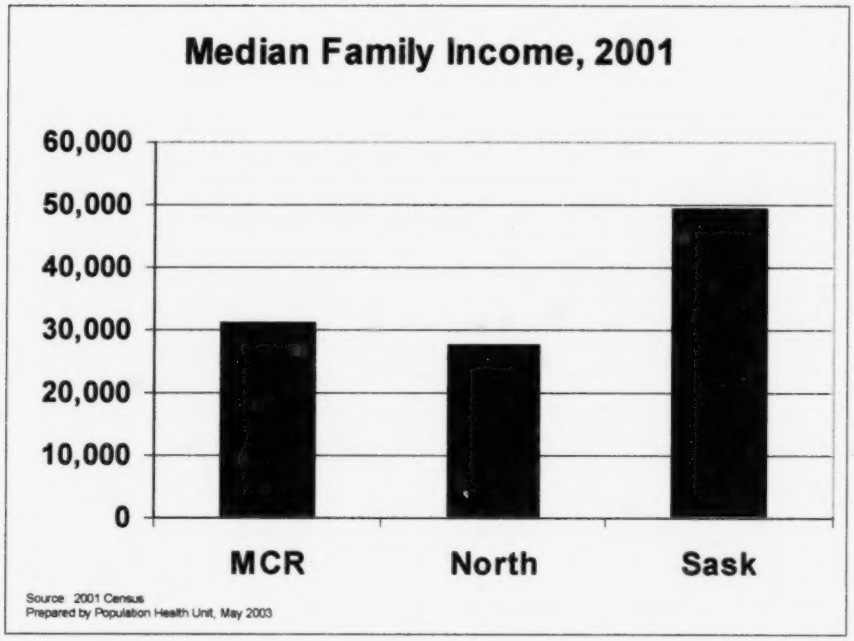
Source: Sask Health. Prepared by Population Health Unit, May 2003

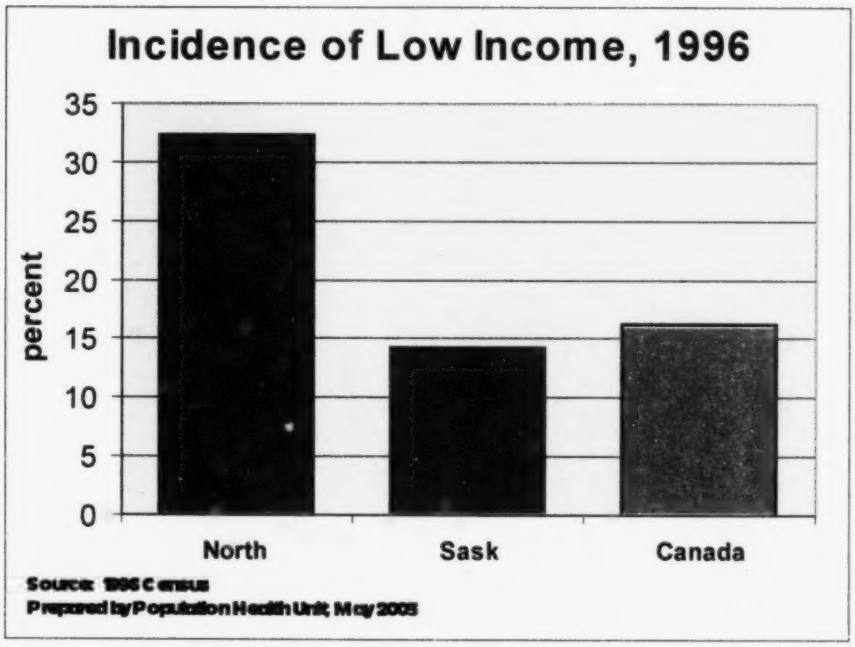
# Things that determine our health

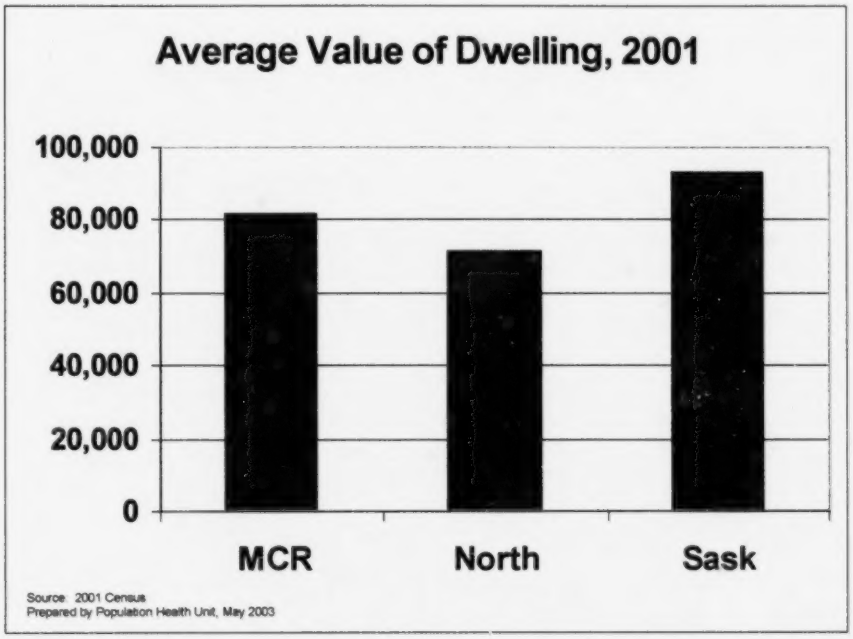
- Incomes & social status
- Education
- Employment
- Environment
  - Human-made (housing, infrastructure)
  - Natural ecosystem
- Social supports

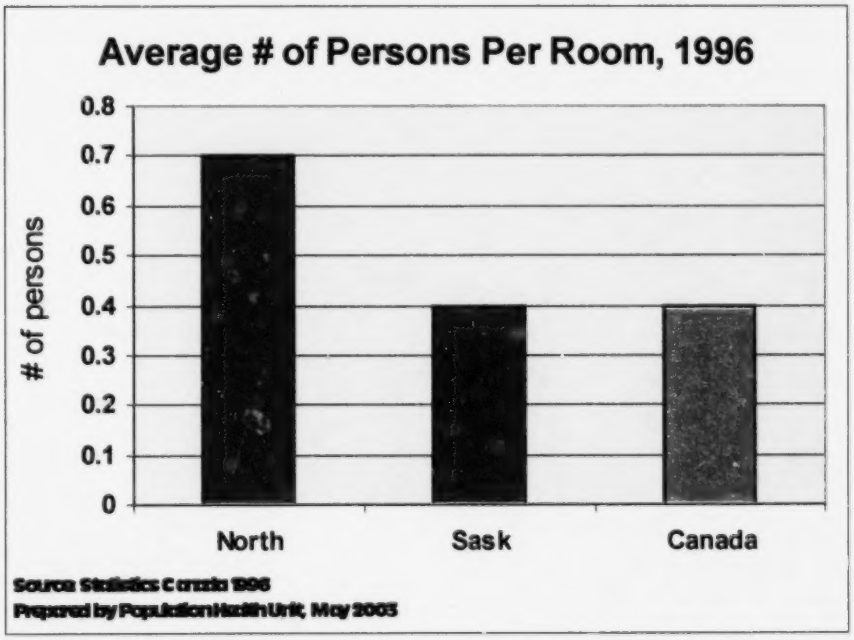
  Early childhood development
- Health services
- Health behaviours

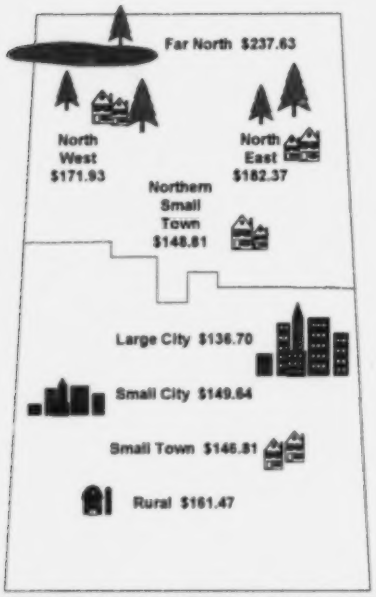



Median Family Income, 2001
60,000
50,000
40,000
30,000
20,000
10,000
0
MCR
North
Sask
Source 2001 Census
Prepared by Population Health Unit, May 2003


Incidence of Low Income, 1996
35
30
25
20
15
10
5
0
percent
North
Sask
Canada
Source: 1996 Census
Prepared by Population Health Unit, May 2003


Average Value of Dwelling, 2001
100,000
80,000
60,000
40,000
20,000
0
MCR
North
Sask
Source 2001 Census
Prepared by Population Health Unit, May 2003

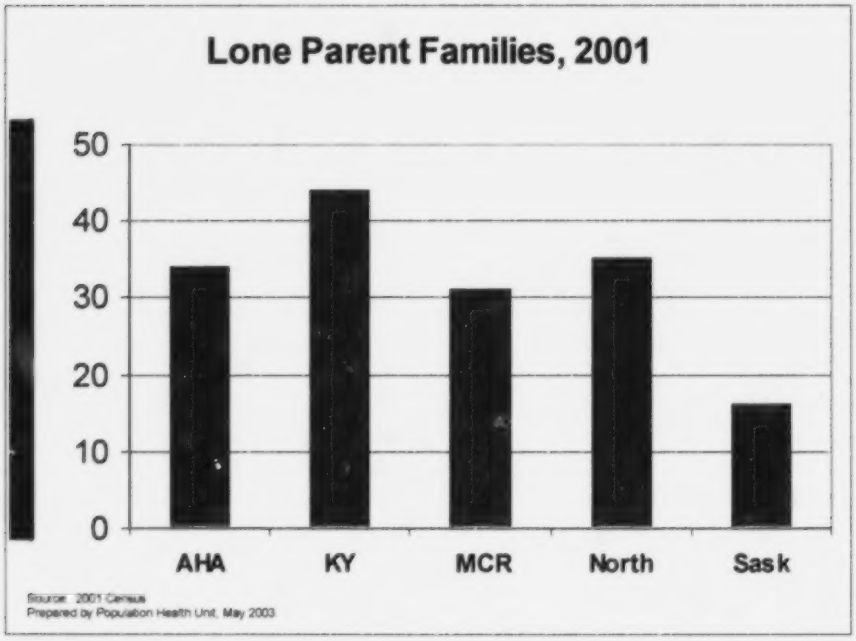

Average # of Persons Per Room, 1996
# of persons
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
North
Sask
Canada
Source Statistics Canada 1996
Prepared by Population Health Unit, May 2003



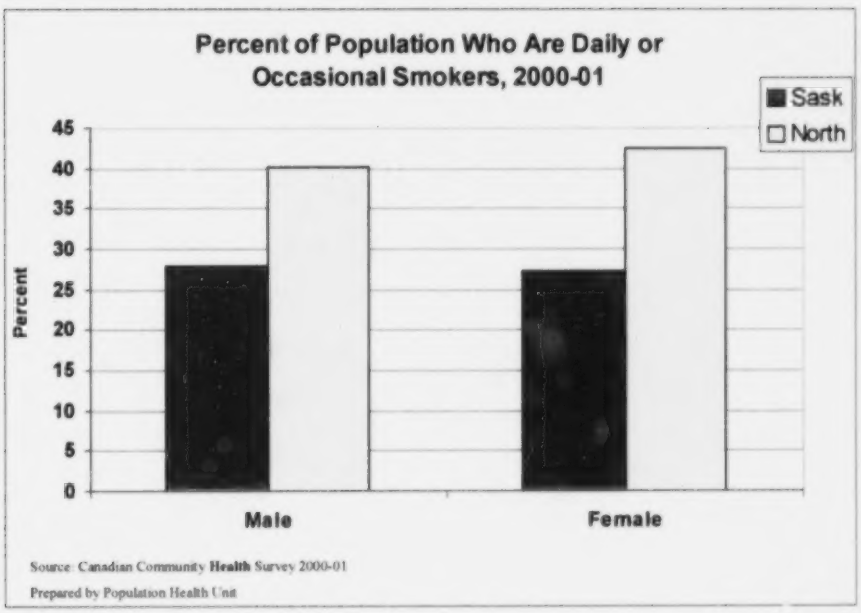

AVERAGE COST TO FEED A FAMILY OF 4 FOR 1 WEEK

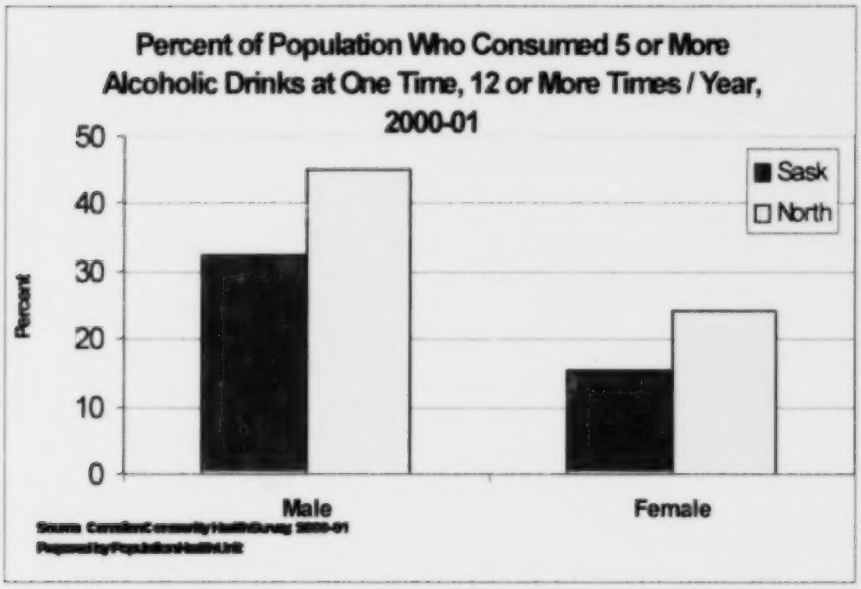
Food costs for a standard food basket for a family of 4 for one week

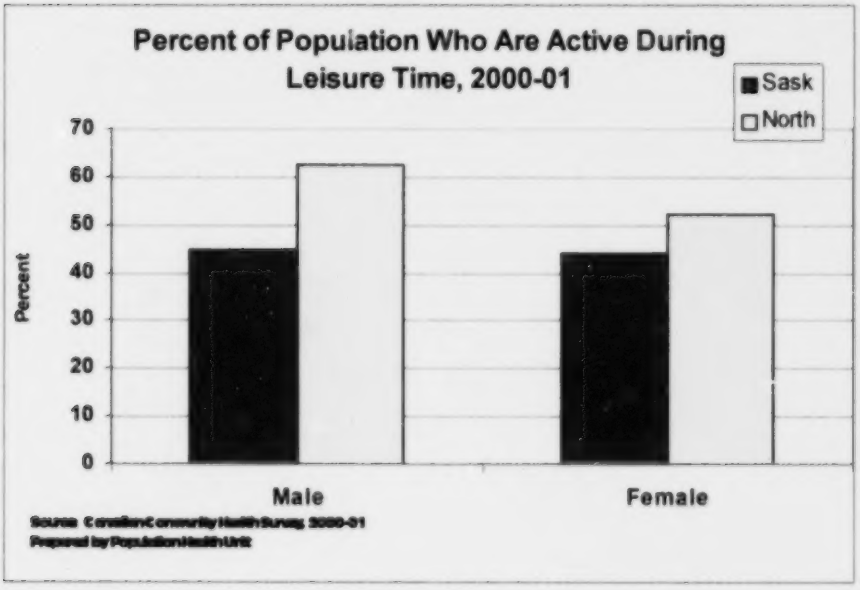
| | |
|---|---|
| Far North | $237.63 |
| North West | 171.93 |
| North East | 182.37 |
| LaRonge | 148.81 |
| Large City | 136.70 |

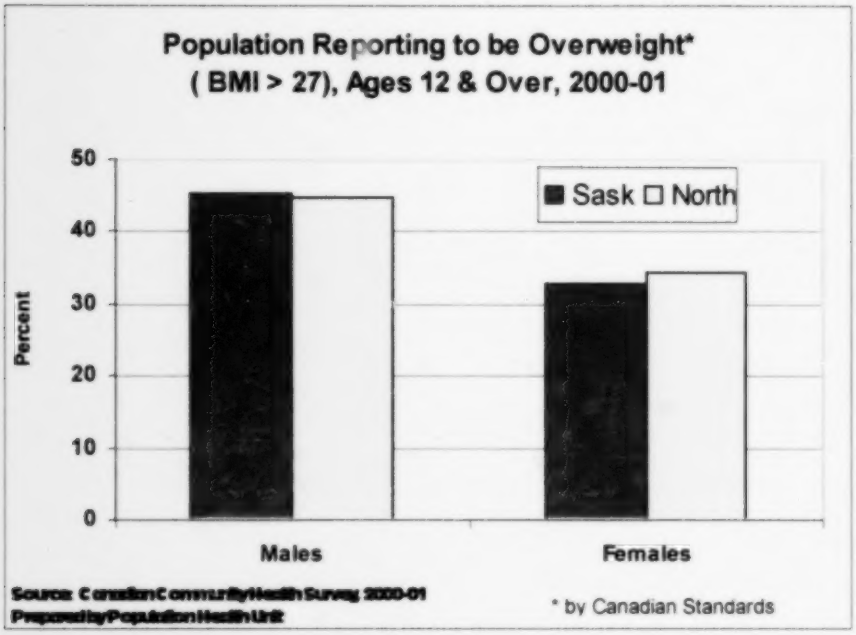


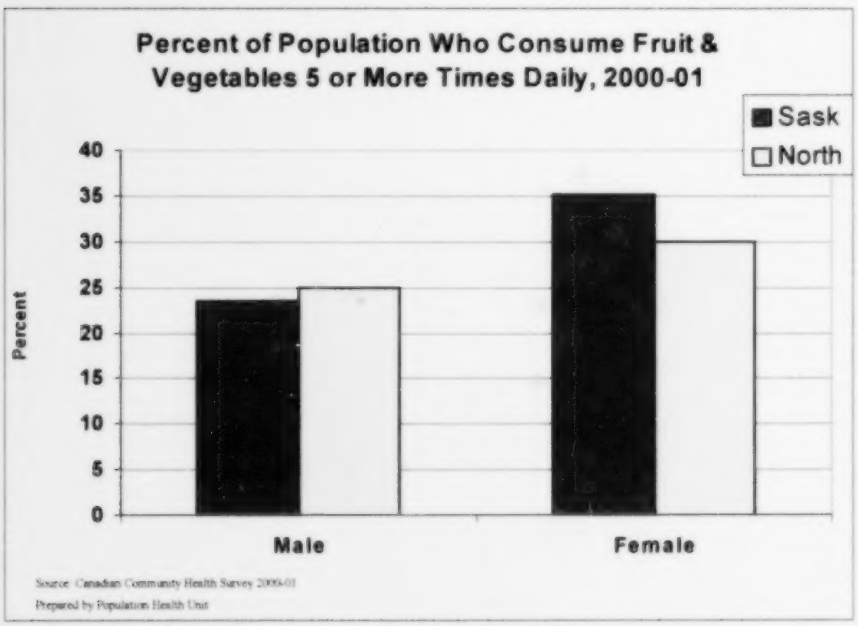
- Health Promotion / Disease Prevention Practice

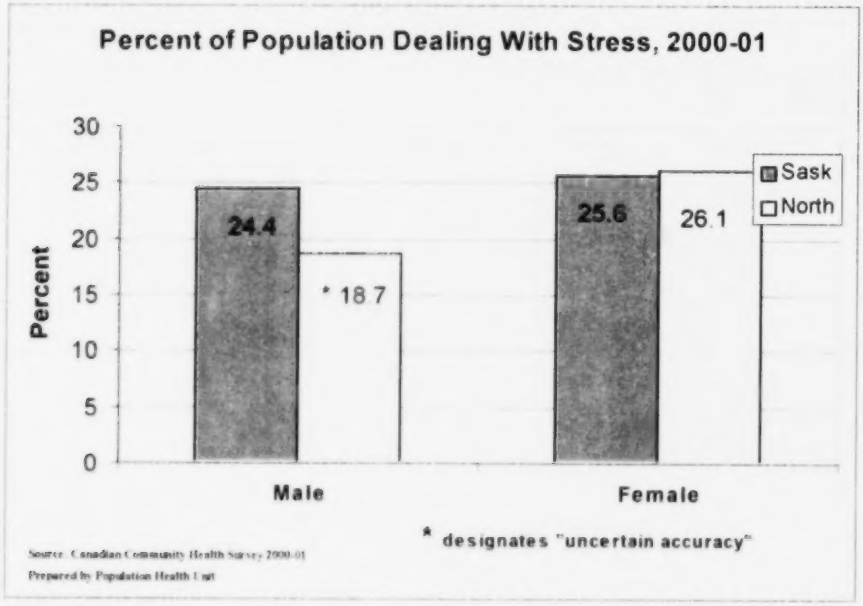



Percent of Population Who Consumed 5 or More Alcoholic Drinks at One Time, 12 or More Times / Year, 2000-01
Sask
North
Percent
50
40
30
20
10
0
Male
Female

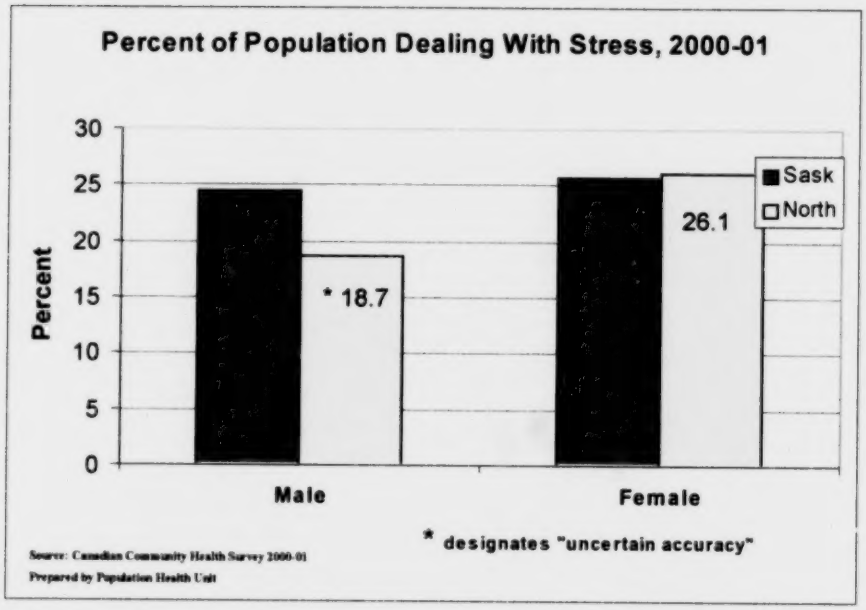

Percent of Population Who Are Active During Leisure Time, 2000-01
Sask
North
Percent
70
60
50
40
30
20
10
0
Male
Female


Population Reporting to be Overweight*
( BMI > 27), Ages 12 & Over, 2000-01
Sask
North
Percent
50
40
30
20
10
0
Males
Females
* by Canadian Standards

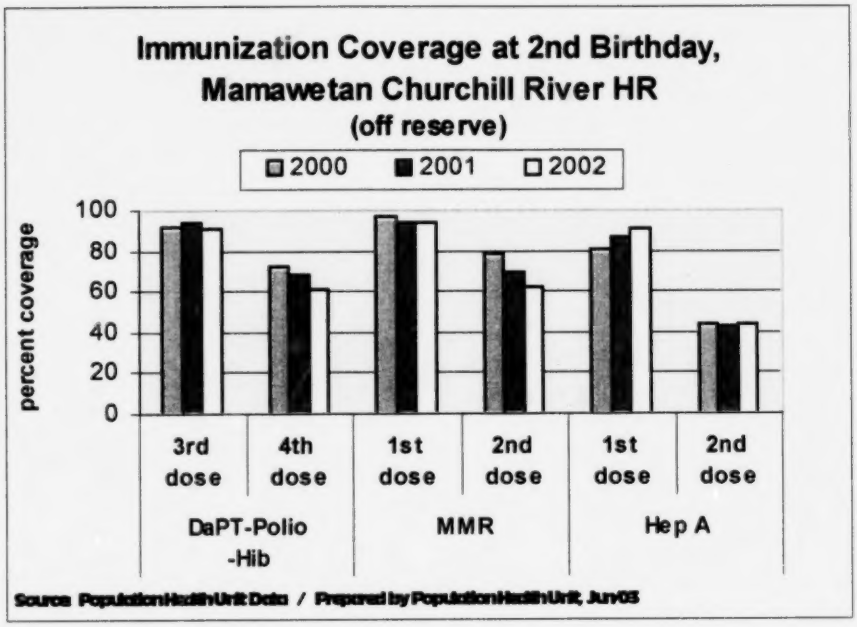

Percent of Population Who Consume Fruit &
Vegetables 5 or More Times Daily, 2000-01
Sask
North
Percent
40
35
30
25
20
15
10
5
0
Male
Female
Source: Canadian Community Health Survey 2000-01
Prepared by Population Health Unit

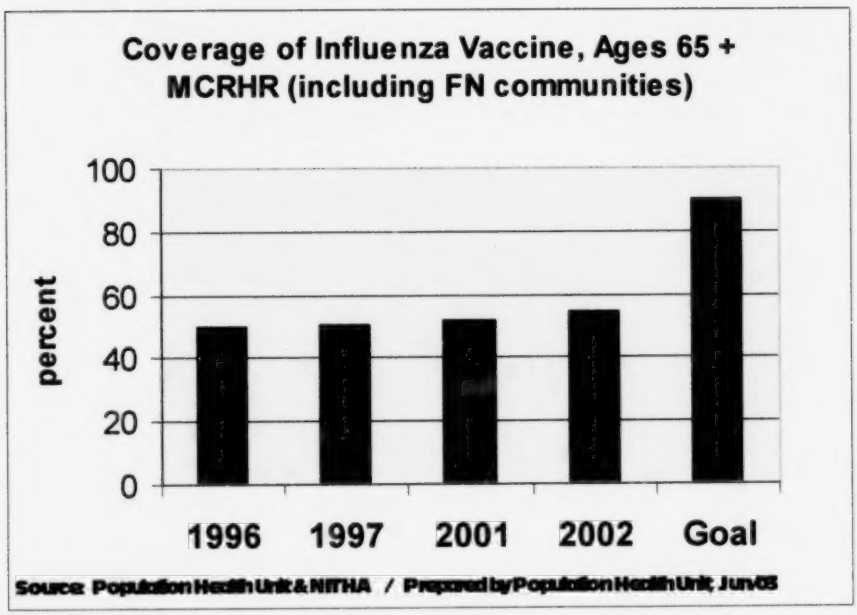

Percent of Population Dealing With Stress, 2000-01
30
25
20
15
10
5
0
Percent
24.4
* 18.7
25.6
26.1
Sask
North
Male
Female
* designates "uncertain accuracy"
Source: Canadian Community Health Survey 2000-01
Prepared by Population Health Unit

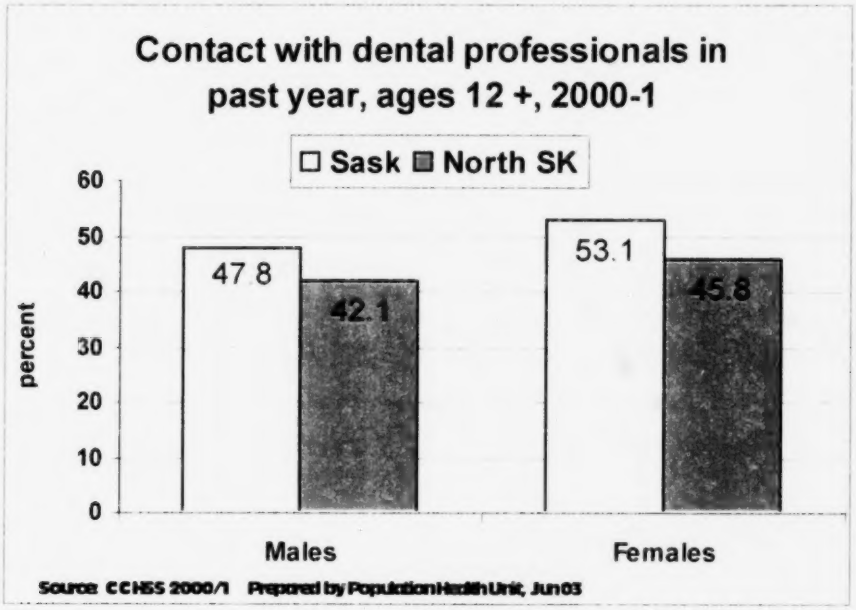
Self-Rated Health Level, Ages 12&Over,
Northern Sask Residents, 2000-1
40
35
30
25
20
15
10
5
0
percent
Sask
Northern SK
Excellent
Very good
Good
Fair or poor
Source: Canadian Community Health Survey
Prepared by Population Health Unit Mar 03

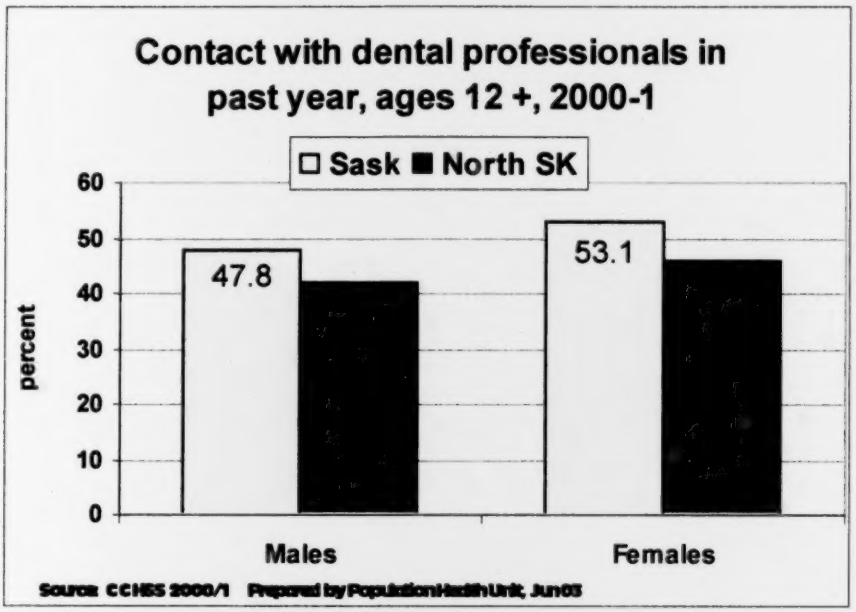

Percent of Population Dealing With Stress, 2000-01
Percent
30
25
20
15
10
5
0
* 18.7
26.1
Sask
North
Male
Female
* designates "uncertain accuracy"
Source: Canadian Community Health Survey 2000-01
Prepared by Population Health Unit

Self-Rated Health Level, Ages 12&Over,
Northern Sask Residents, 2000-1
percent
40
35
30
25
20
15
10
5
0
Sask
Northern SK
Excellent
Very good
Good
Fair or poor
Source: Canadian Community Health Survey
Prepared by Population Health Unit Mar 03


Immunization Coverage at 2nd Birthday,
Mamawetan Churchill River HR
(off reserve)
2000
2001
2002
percent coverage
100
80
60
40
20
0
3rd dose
4th dose
1st dose
2nd dose
1st dose
2nd dose
DaPT-Polio -Hib
MMR
Hep A
Source Population Health Unit Data / Prepared by Population Health Unit, Jun03

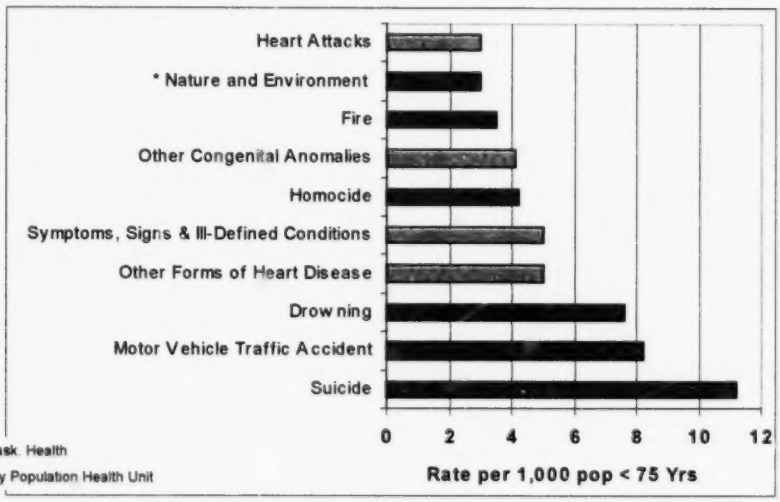

Coverage of Influenza Vaccine, Ages 65 +
MCRHR (including FN communities)
percent
100
80
60
40
20
0
1996
1997
2001
2002
Goal
Source: Population Health Unit & NITHA / Prepared by Population Health Unit, Jun03


Contact with dental professionals in past year, ages 12 +, 2000-1
Sask
North SK
percent
60
50
40
30
20
10
0
47.8
42.1
53.1
45.8
Males
Females
Source: CCHS 2000/1 Prepared by Population Health Unit, Jun 03


Contact with dental professionals in past year, ages 12 +, 2000-1
Sask
North SK
percent
60
50
40
30
20
10
0
47.8
53.1
Males
Females
Source: CCHS 2000/1 Prepared by Population Health Unit, Jun03

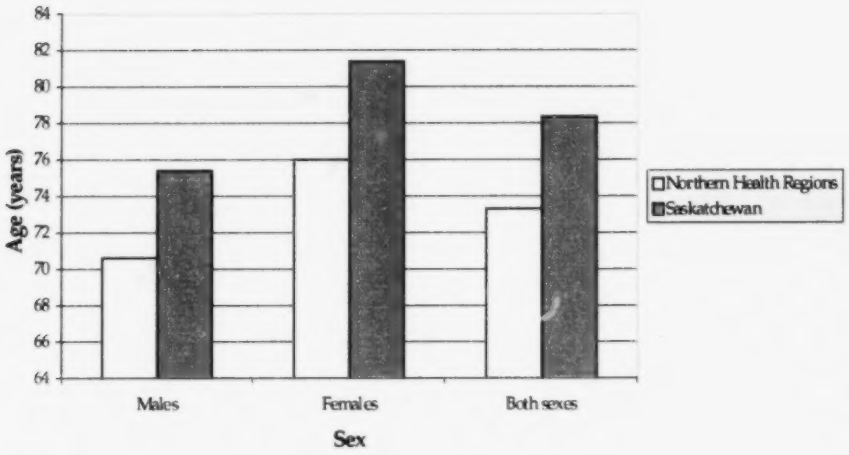
# Leading Causes of Death & Hospitalization

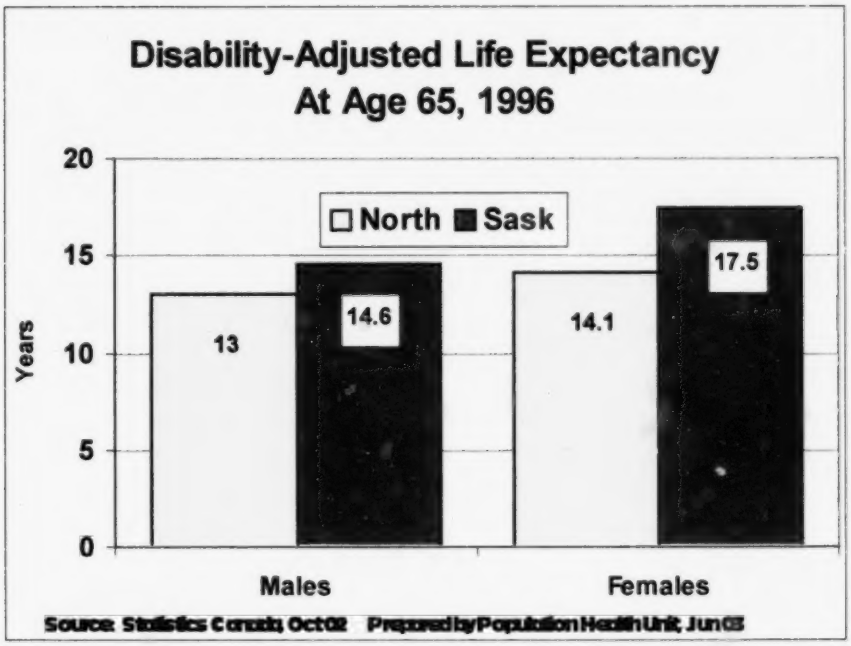
## Top 10 Causes PYLL in North, 1994 – 99 Average Annual PYLL Rate

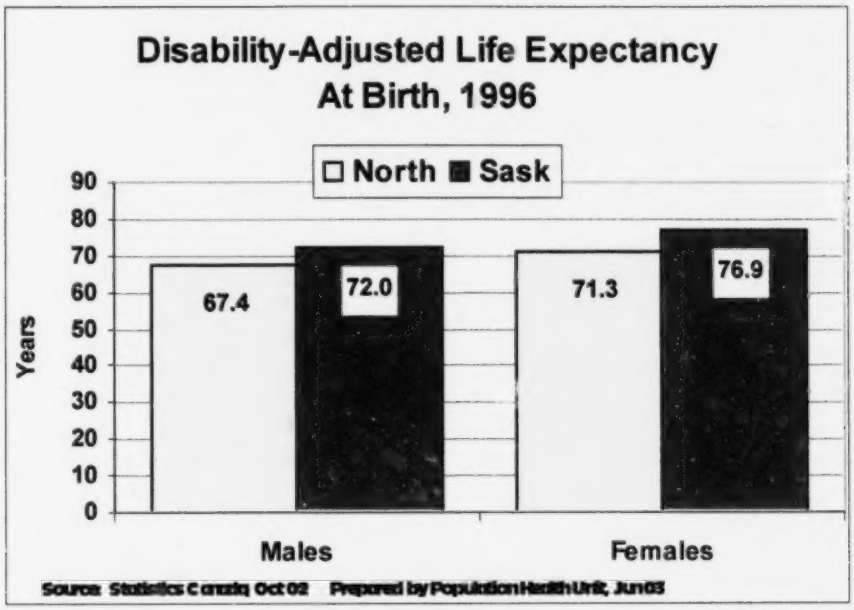


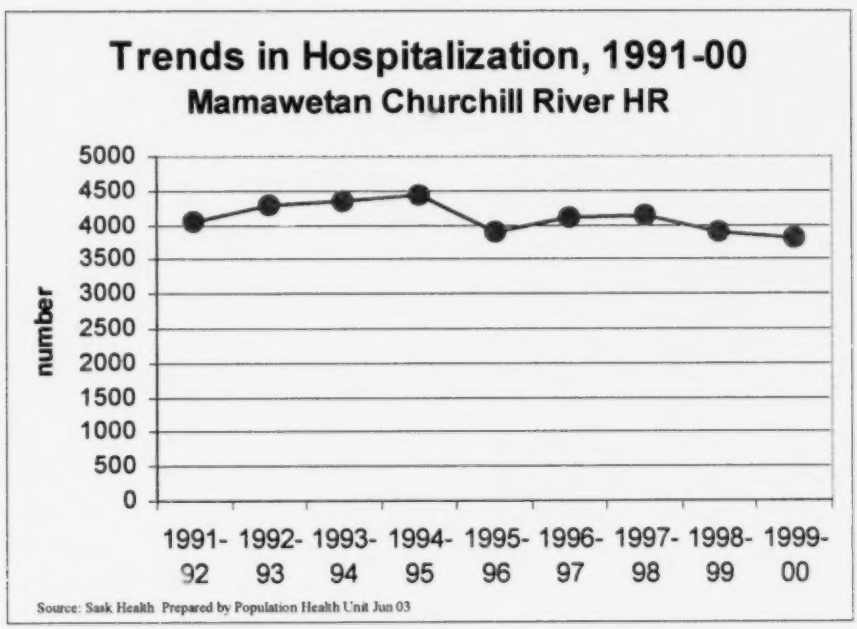

Source: Sask. Health
Prepared by Population Health Unit

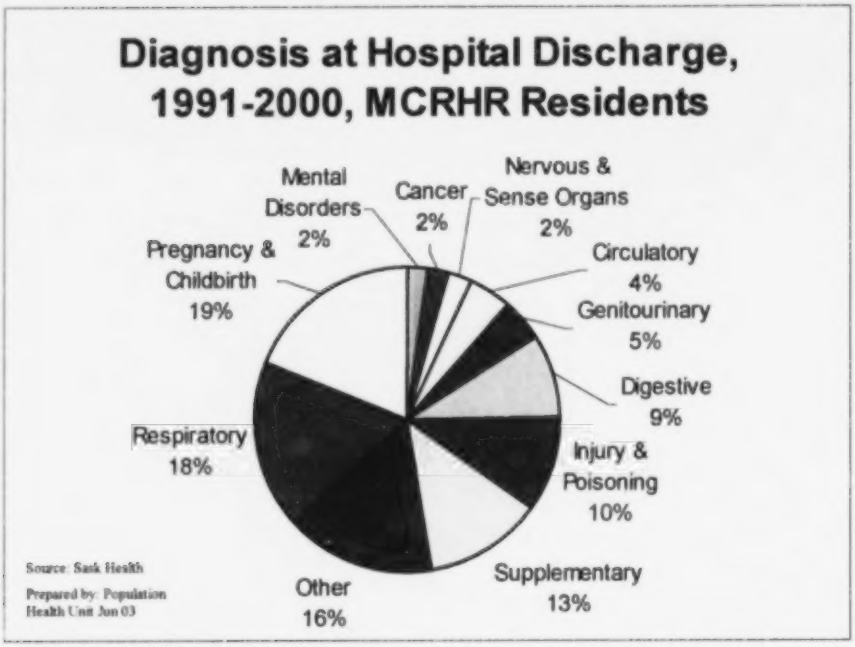
**Life expectancy at birth, Northern Health Regions (Keewatin Yatthe, Mamawetan & Athabasca), by sex, 1996**

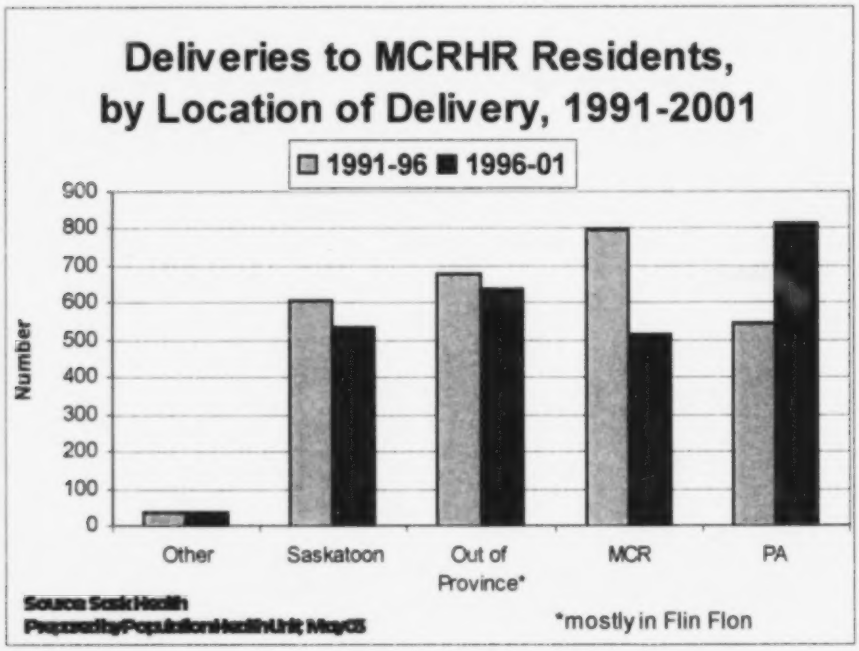


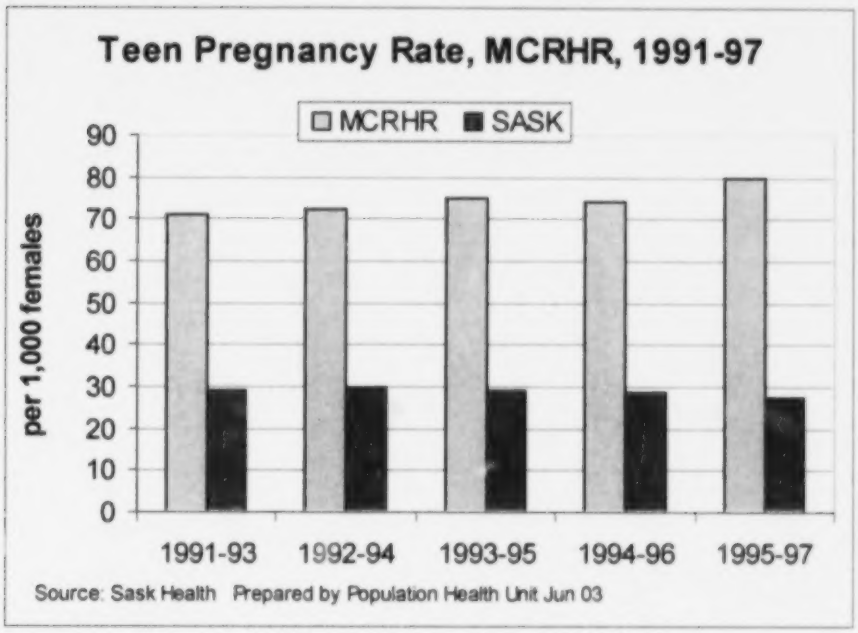




Disability-Adjusted Life Expectancy
At Birth, 1996
North
Sask
Years
90
80
70
60
50
40
30
20
10
0
67.4
72.0
71.3
76.9
Males
Females
Source: Statistics Canada Oct 02 Prepared by Population Health Unit, Jun 03

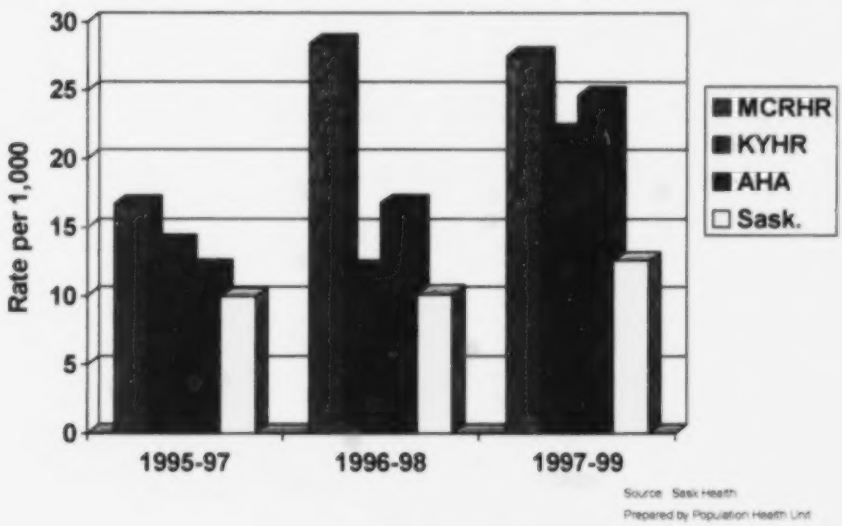

Trends in Hospitalization, 1991-00
Mamawetan Churchill River HR
number
5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0
1991-92
1992-93
1993-94
1994-95
1995-96
1996-97
1997-98
1998-99
1999-00
Source: Sask Health Prepared by Population Health Unit Jun 03


Diagnosis at Hospital Discharge, 1991-2000, MCRHR Residents
Mental Disorders 2%
Cancer 2%
Nervous & Sense Organs 2%
Circulatory 4%
Genitourinary 5%
Digestive 9%
Injury & Poisoning 10%
Supplementary 13%
Other 16%
Respiratory 18%
Pregnancy & Childbirth 19%
Source: Sask Health
Prepared by: Population Health Unit Jun 03

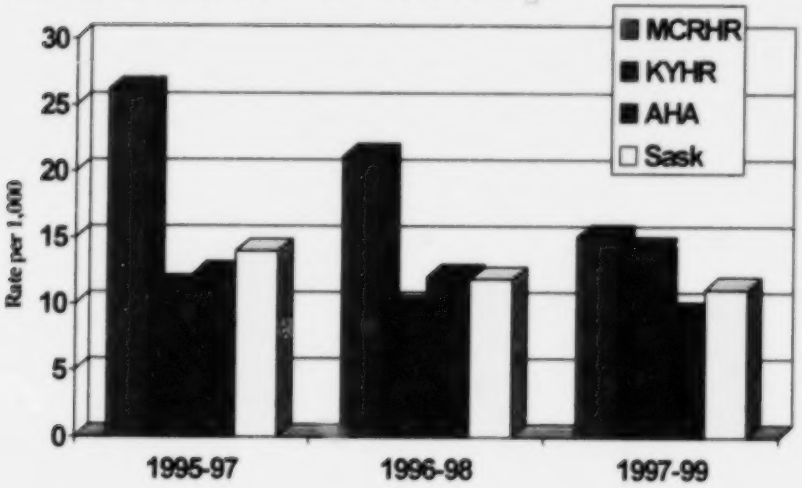

Deliveries to MCRHR Residents, by Location of Delivery, 1991-2001
1991-96
1996-01
Number
900
800
700
600
500
400
300
200
100
0
Other
Saskatoon
Out of Province*
MCR
PA
*mostly in Flin Flon




## Injury Hospitalizations, Children & Youth
(10-19 Years of Age)

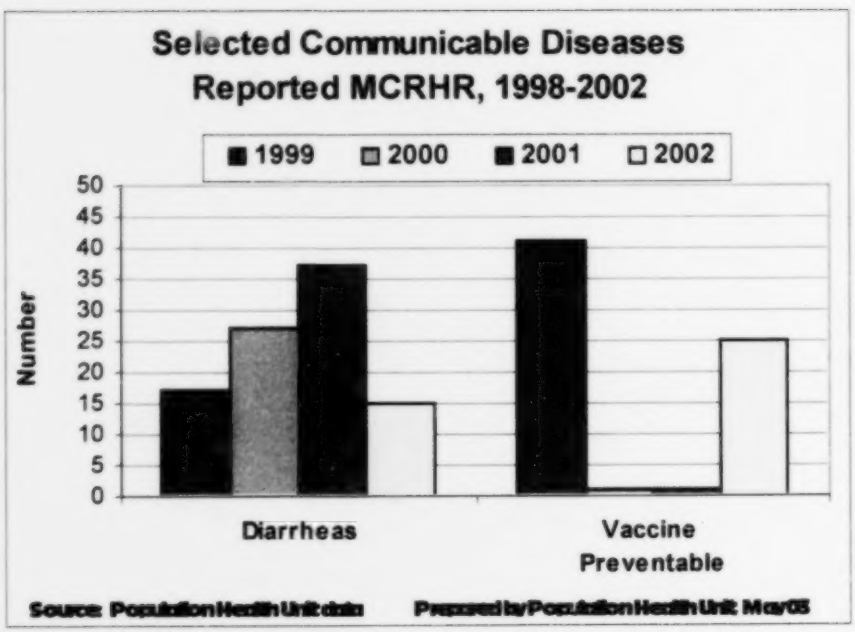


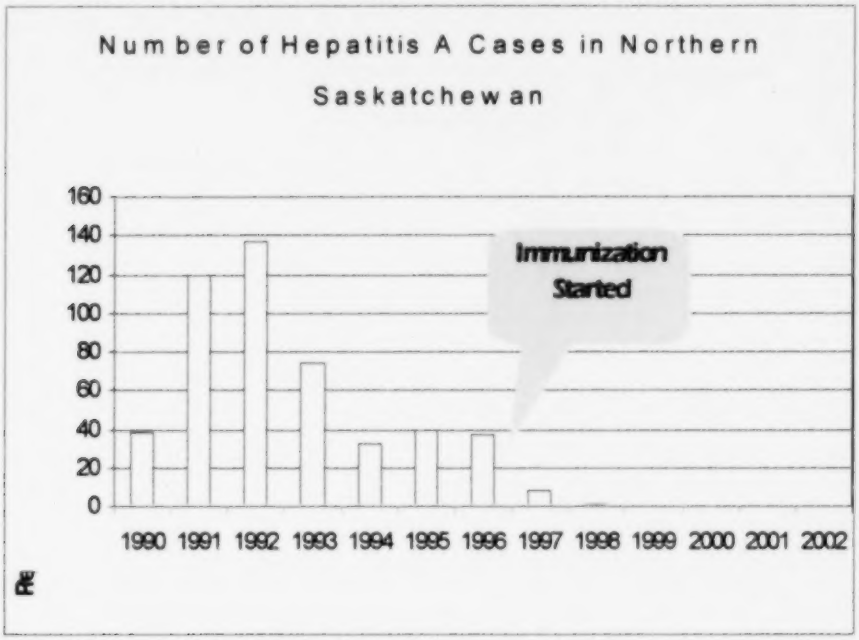
## Respiratory Hospitalizations, Children & Youth 10-19 Years of Age

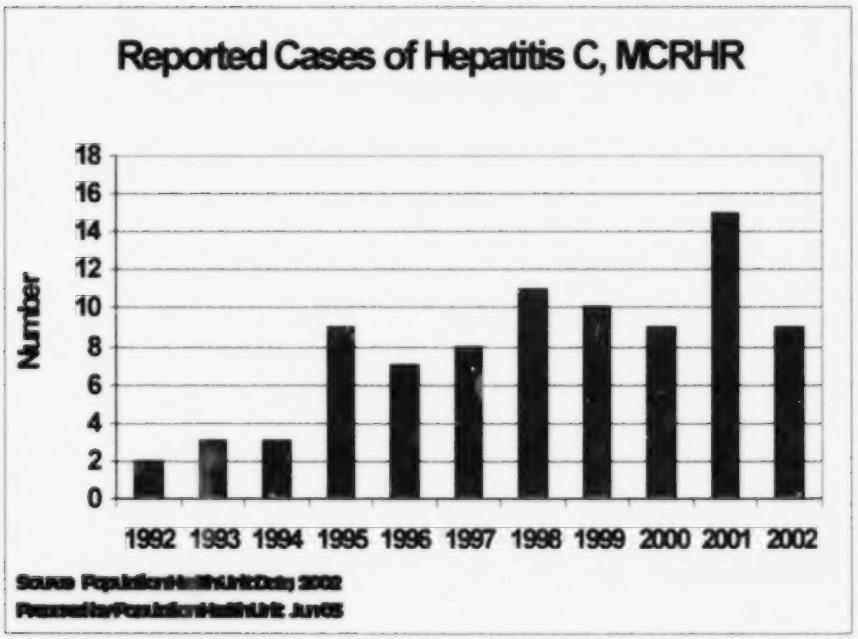


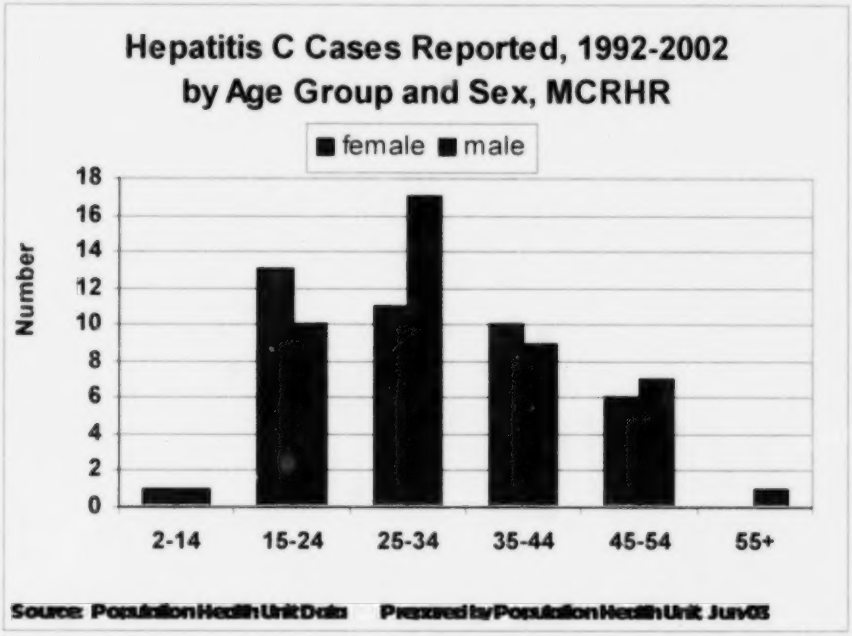

Source: Sask Health
Prepared by Population Health Unit

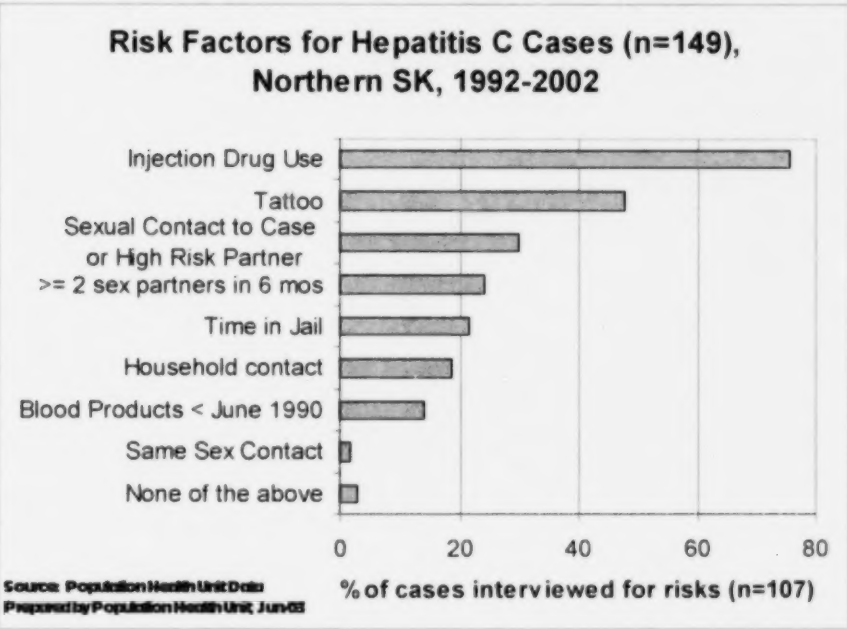
# Communicable Diseases

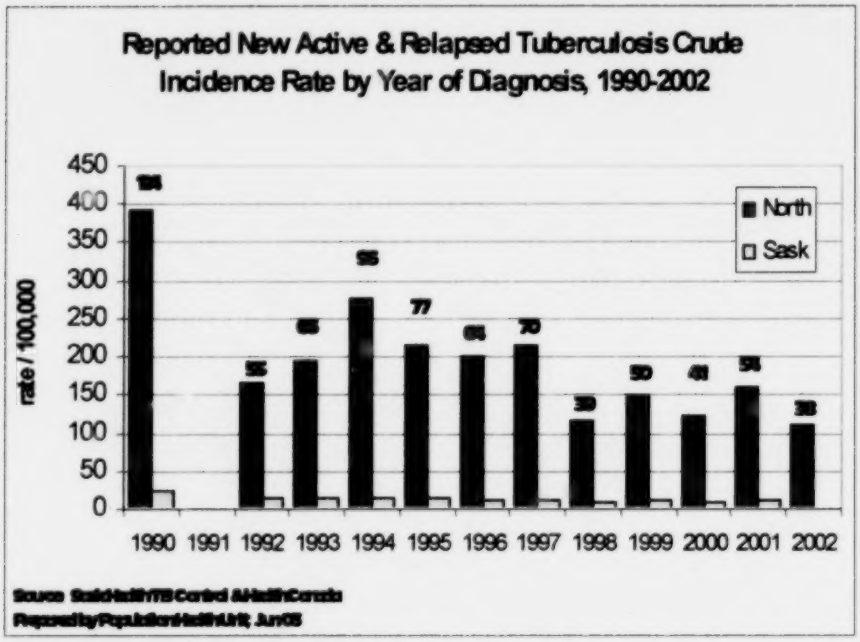


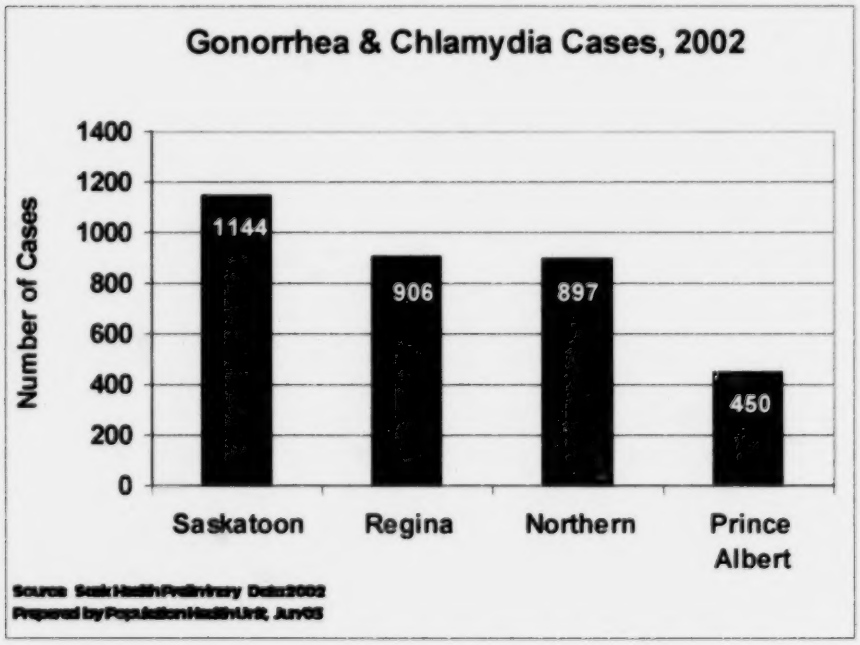

Number of Hepatitis A Cases in Northern Saskatchewan
160
140
120
100
80
60
40
20
0
Immunization Started
1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002

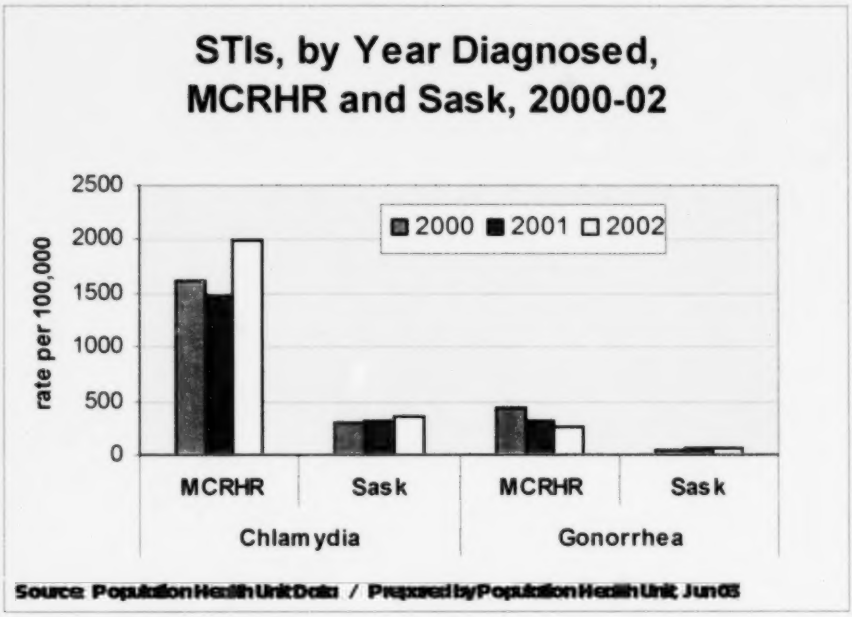

Reported Cases of Hepatitis C, MCRHR
Number
18
16
14
12
10
8
6
4
2
0
1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002

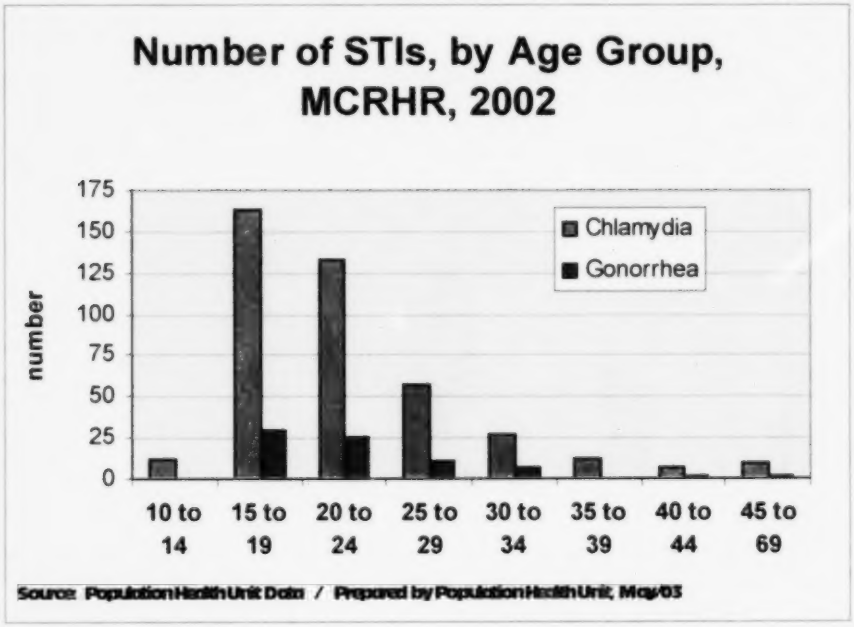

Hepatitis C Cases Reported, 1992-2002
by Age Group and Sex, MCRHR
female
male
Number
18
16
14
12
10
8
6
4
2
0
2-14
15-24
25-34
35-44
45-54
55+
Source: Population Health Unit Data
Prepared by Population Health Unit, Jun-03


Risk Factors for Hepatitis C Cases (n=149),
Northern SK, 1992-2002
Injection Drug Use
Tattoo
Sexual Contact to Case
or High Risk Partner
>= 2 sex partners in 6 mos
Time in Jail
Household contact
Blood Products < June 1990
Same Sex Contact
None of the above
0
20
40
60
80
% of cases interviewed for risks (n=107)
Source: Population Health Unit Data
Prepared by Population Health Unit, Jun-03


Reported New Active & Relapsed Tuberculosis Crude Incidence Rate by Year of Diagnosis, 1990-2002
rate / 100,000
450
400
350
300
250
200
150
100
50
0
North
Sask
1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002

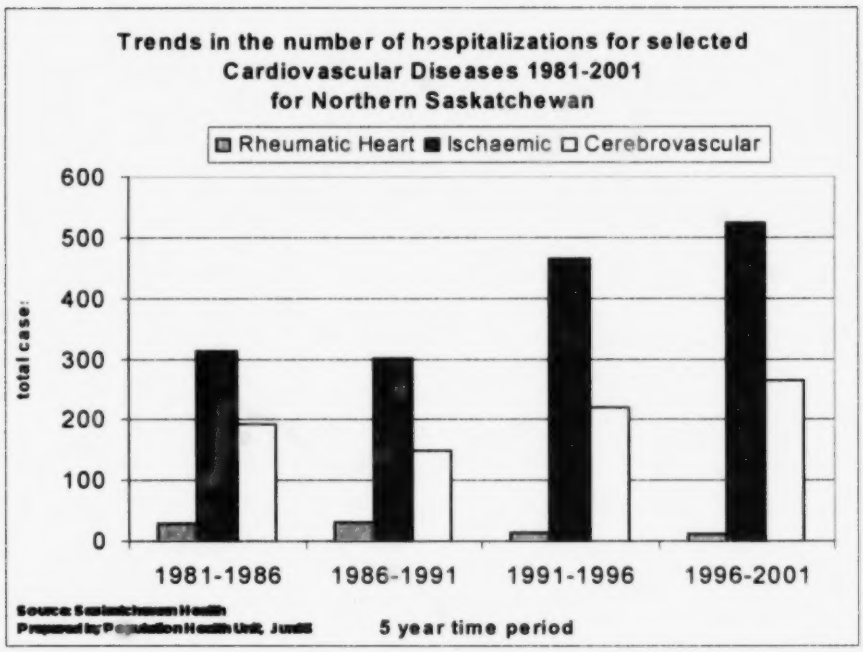

Gonorrhea & Chlamydia Cases, 2002
Number of Cases
1400
1200
1000
800
600
400
200
0
1144
906
897
450
Saskatoon
Regina
Northern
Prince Albert

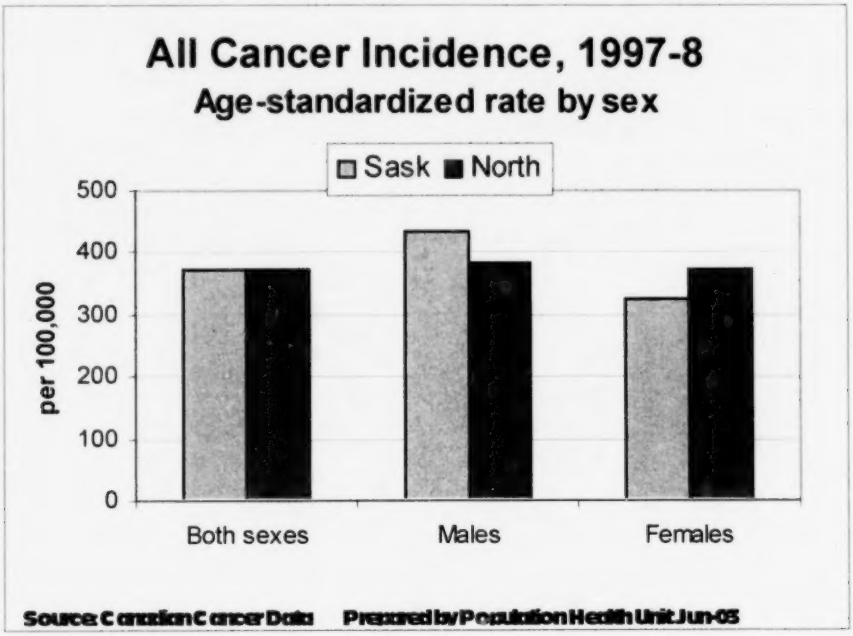

STIs, by Year Diagnosed,
MCRHR and Sask, 2000-02
2500
2000
1500
1000
500
0
rate per 100,000
2000
2001
2002
MCRHR
Sask
MCRHR
Sask
Chlamydia
Gonorrhea
Source: Population Health Unit Data / Prepared by Population Health Unit, Jun 03

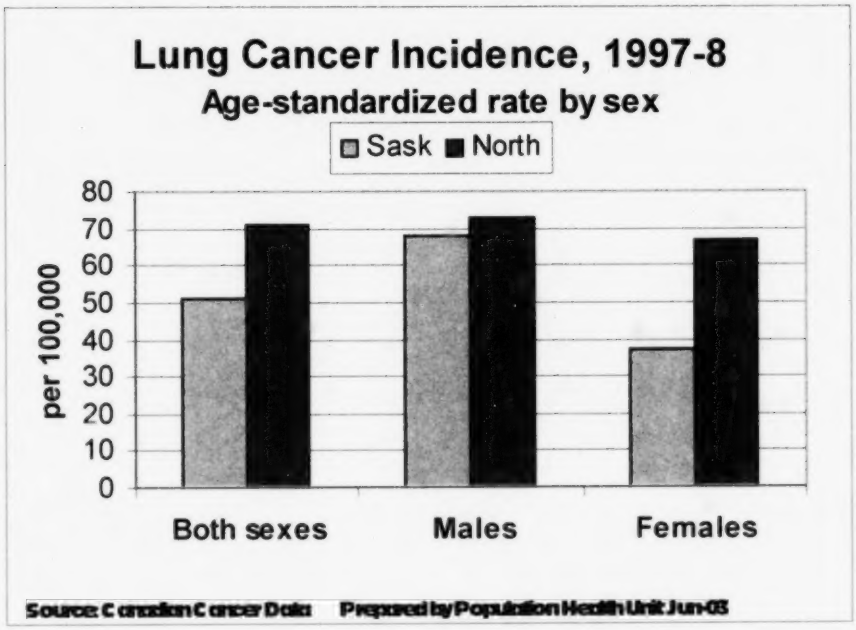

Number of STIs, by Age Group,
MCRHR, 2002
175
150
125
100
75
50
25
0
number
Chlamydia
Gonorrhea
10 to 14
15 to 19
20 to 24
25 to 29
30 to 34
35 to 39
40 to 44
45 to 69
Source: Population Health Unit Data / Prepared by Population Health Unit, May 03

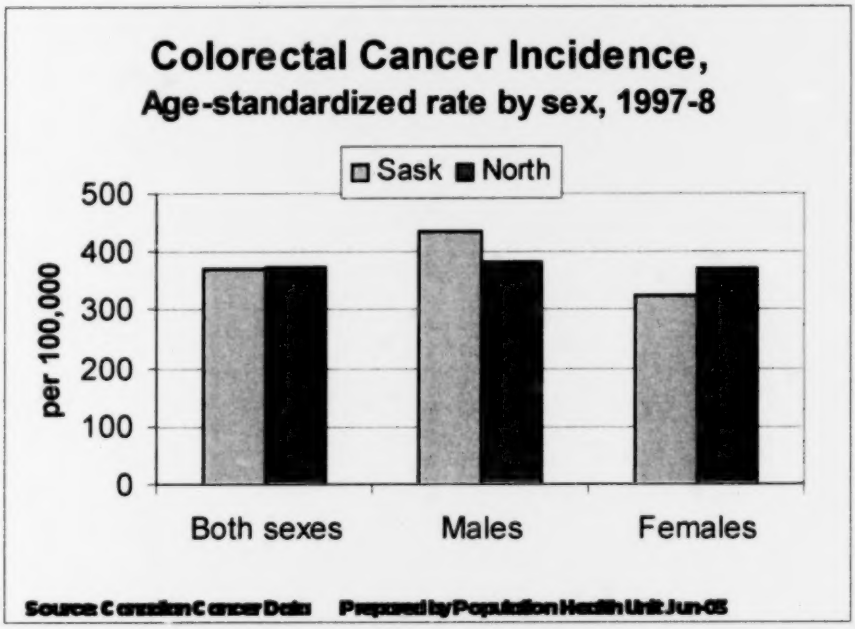
# Chronic Diseases

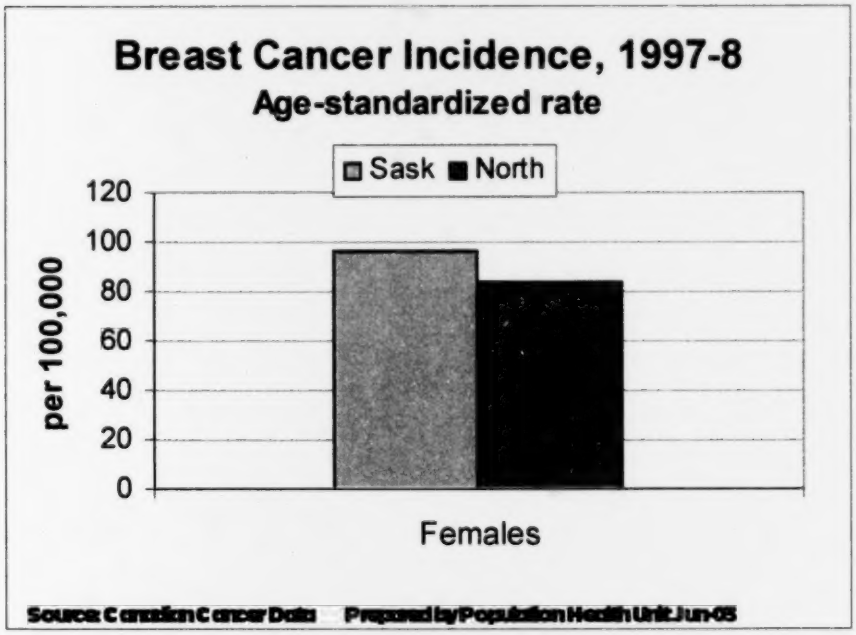
- Diabetes
- Cancer
- Heart Disease & Stroke

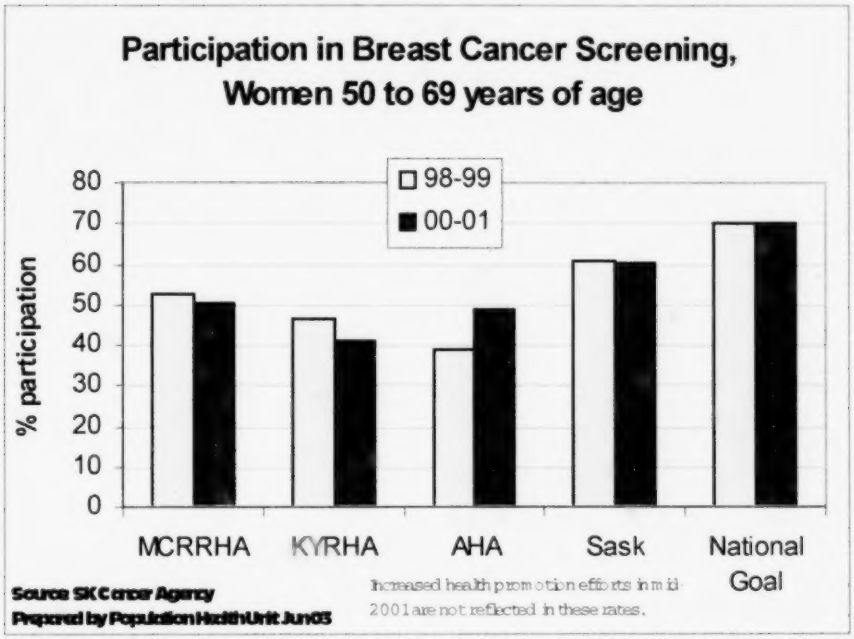


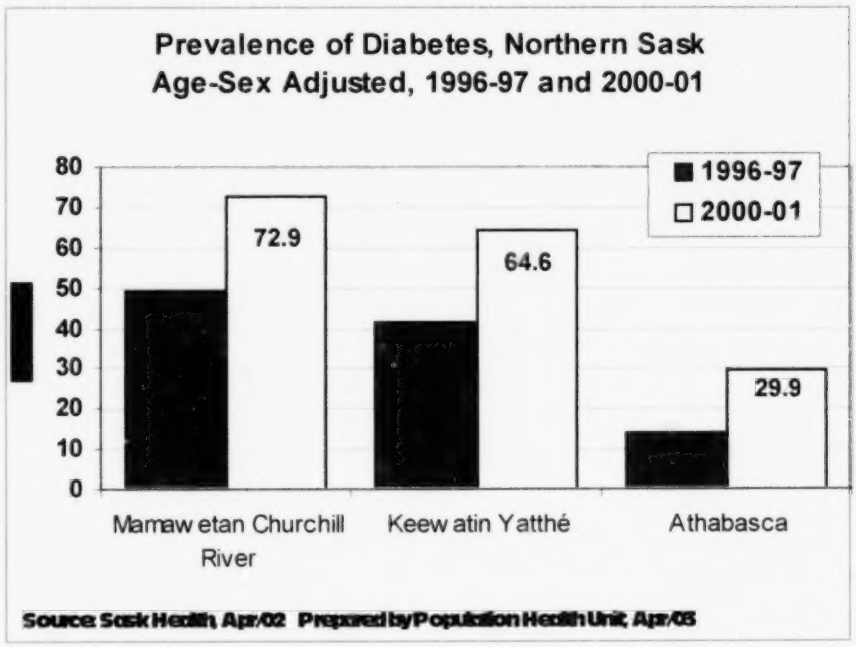

All Cancer Incidence, 1997-8
Age-standardized rate by sex
Sask
North
per 100,000
500
400
300
200
100
0
Both sexes
Males
Females
Source: Canadian Cancer Data
Prepared by Population Health Unit Jun-05

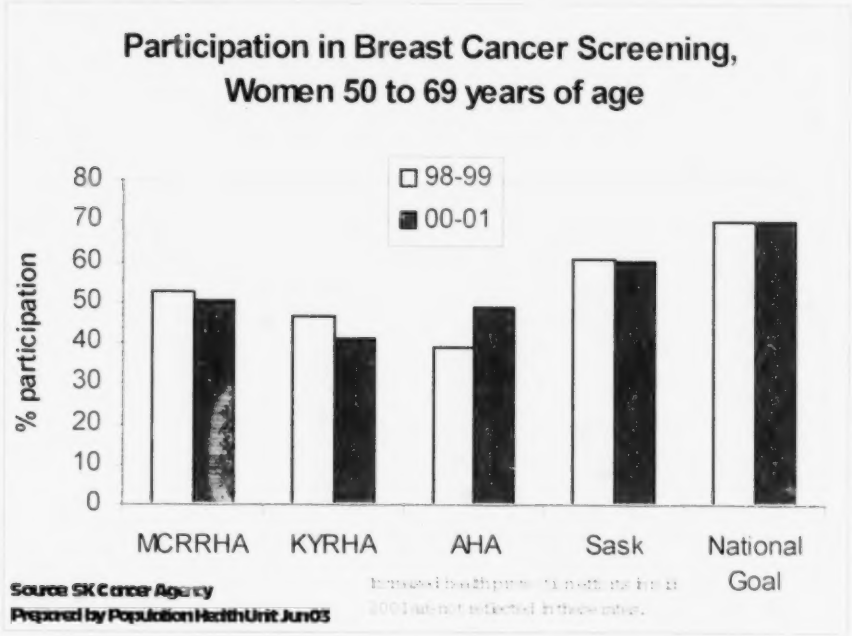

Lung Cancer Incidence, 1997-8
Age-standardized rate by sex
Sask
North
per 100,000
80
70
60
50
40
30
20
10
0
Both sexes
Males
Females
Source: Canadian Cancer Data
Prepared by Population Health Unit Jun-05

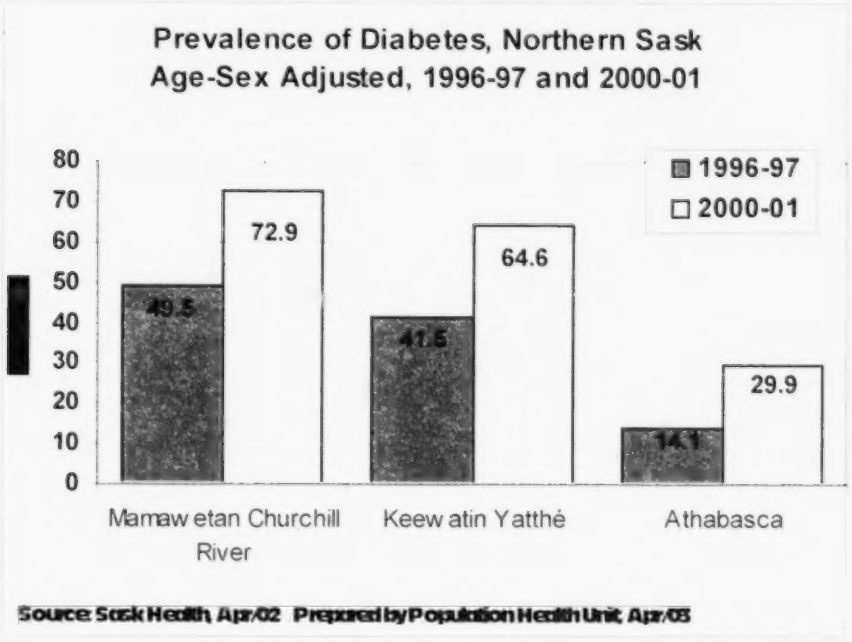

Colorectal Cancer Incidence,
Age-standardized rate by sex, 1997-8
Sask
North
per 100,000
500
400
300
200
100
0
Both sexes
Males
Females

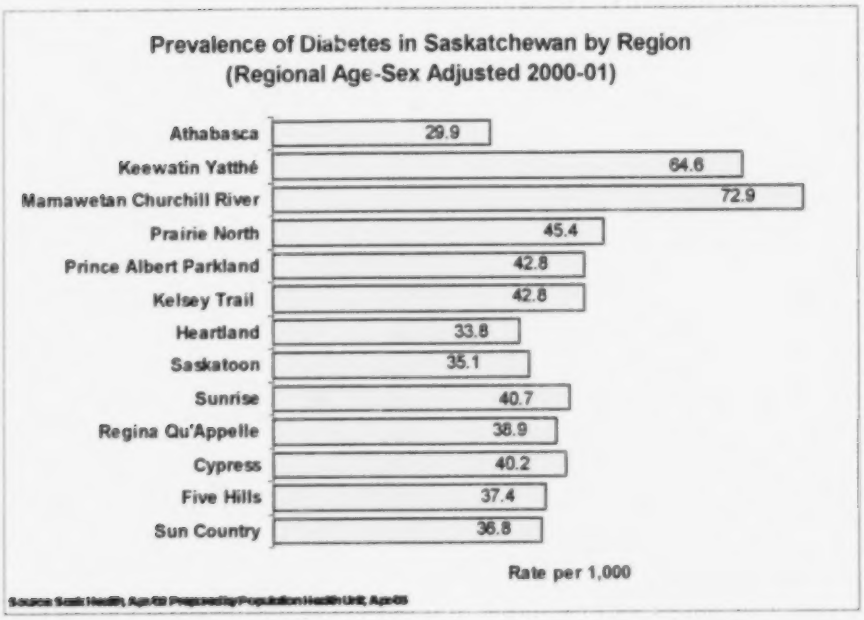

Breast Cancer Incidence, 1997-8
Age-standardized rate
Sask
North
per 100,000
120
100
80
60
40
20
0
Females

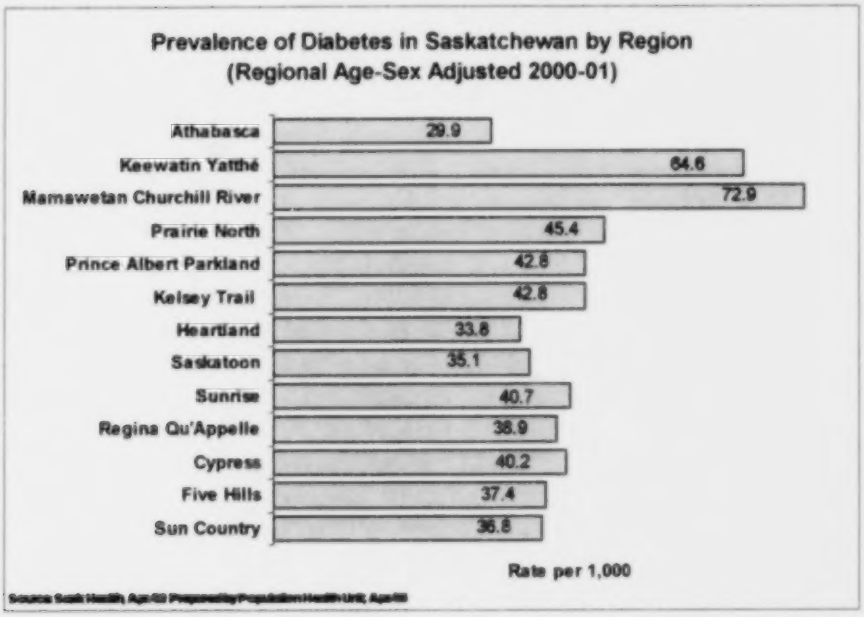

Participation in Breast Cancer Screening,
Women 50 to 69 years of age
98-99
00-01
% participation
80
70
60
50
40
30
20
10
0
MCRRHA
KYRHA
AHA
Sask
National Goal
Source SK Cancer Agency
Prepared by Population Health Unit Jun/03
Increased health promotion efforts in mid-2001 are not reflected in these rates.


Prevalence of Diabetes, Northern Sask
Age-Sex Adjusted, 1996-97 and 2000-01
1996-97
2000-01
80
70
60
50
40
30
20
10
0
72.9
64.6
29.9
Mamawetan Churchill River
Keewatin Yatthé
Athabasca
Source: Sask Health, Apr/02 Prepared by Population Health Unit, Apr/03


Participation in Breast Cancer Screening,
Women 50 to 69 years of age
98-99
00-01
% participation
80
70
60
50
40
30
20
10
0
MCRRHA
KYRHA
AHA
Sask
National Goal
Source SK Cancer Agency
Prepared by Population Health Unit Jun03


Prevalence of Diabetes, Northern Sask
Age-Sex Adjusted, 1996-97 and 2000-01
1996-97
2000-01
80
70
60
50
40
30
20
10
0
72.9
64.6
49.5
41.6
29.9
14.1
Mamawetan Churchill River
Keewatin Yatthé
Athabasca
Source: Sask Health, Apr/02 Prepared by Population Health Unit, Apr/03


Prevalence of Diabetes in Saskatchewan by Region
(Regional Age-Sex Adjusted 2000-01)
Athabasca
29.9
Keewatin Yatthé
64.6
Mamawetan Churchill River
72.9
Prairie North
45.4
Prince Albert Parkland
42.8
Kelsey Trail
42.8
Heartland
33.8
Saskatoon
35.1
Sunrise
40.7
Regina Qu'Appelle
38.9
Cypress
40.2
Five Hills
37.4
Sun Country
36.8
Rate per 1,000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40.2
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37.4
Sun Country
36.8
Rate per 1,000

CHAP:

In 1999, Mamawetan Churchill River Health District, now Regional Health Authority decided to respond to a Saskatchewan Health requirement to do a needs assessment by developing a process called Community Health Action Planning. The MCRRHA Board approved the design for the CHAP process in February 2000. The stated objectives of the process were to:

- Build awareness of health development issues and solutions in the communities of the region
- Build capacity for action on health issues in each community in the Region
- Build the capacity of the Regional organization to respond to the Community Health Action Plans of the communities
- Advise the Region on the best partnership arrangements with other stakeholders in the Region
- Prepare a synthesis and strategic plan for the Region to meet the priorities of each community.

From this we gathered strengths and challenges.

**Regional Strengths**

- Core groups of committed, enthusiastic citizens in each community ready to act on the CHAP process.
- A strong sense of history and shared community.
- Strong networks of citizens who work together and share similar goals for their communities.
- Strong informal leadership at the grass roots in each community.
- A system of community resources.
- A history of and memory of positive community change.
- Strong community values.
- The ability to reflect on current situations and define change solutions.
- Seventy-eight percent Aboriginal population.
- High leisure time activity rates.
- Decreasing infant mortality rates but still higher than national levels.
- Low hospitalization rates.
- Decreasing Hepatitis A rates.
- Decreasing STI rates.
- Decreasing TB rates.
- Low cancer rates overall, compared with provincial and national averages.
- Low bowel, breast (but increasing), prostate, brain, bladder, blood, leukemia, oral, uterus cancers rates.

**Regional Challenges**

- Vast distances to cover in which to provide services; geographic challenges.
- Rapidly increasing population.
- About 37% of the population below age 15.
- 31% single parent families.
- Many families at or below the Statistics Canada Low-Income Cut-Off Line.
- Employment rates below 50%.

- Elevated food costs in all communities.
- High birth rates to mothers under 15 years old.
- High tobacco smoking rates, increasing female smoking rates.
- High alcohol abuse rates.
- High obesity rates.
- High stress levels.
- High injury rates, very high injury hospitalization rates for children and youth.
- Very high self-injury and assault injury rates.
- High rates of premature death.
- High respiratory hospitalization rates for children and youth.
- Increasing Hepatitis C rates.
- Low breast cancer screening rates.
- High lung and cervix cancer rates.
- High childhood dental disease rates.
- Lack of community cohesion to make positive change; much gossip, criticism, and backbiting which inhibits willingness to participate in community change.
- Lack of safety and security perceived high in several communities.
- Some communities with high family violence problems, and with family stability and cohesion challenges.
- High treatment costs due to high incidence of injury, respiratory illnesses, and chronic staffing difficulties.

From this the communities developed strategic issues which will provide the RHA with both short and long term direction.

**Strategic Issue One:** Provide on-going support for community capacity building and community development by building a learning organization, re-orienting organizational culture, enhancing organizational capacity, and re-allocating resources.
**Strategic Issue Two:** Strengthening health service effectiveness by enhancing program support, supervision, work plans, performance reviews, program evaluation, coordination, and communication for all staff in all locations; addressing chronic staffing challenges; re-orienting health services to better balance primary and secondary prevention with treatment intervention.
**Strategic Issue Three:** Strengthening community cohesion and social support, encouraging and supporting participation and active involvement in community.
**Strategic Issue Four:** Strengthening families' abilities to nurture and care for all members, ensuring healthy child development from conception onwards.
**Strategic Issue Five:** Changing unhealthy ways of living, including primary prevention of chronic diseases, such as diabetes, heart disease, stroke, high blood pressure, and cancer (e.g., lung, cervix); sexual wellness, obesity, addressing both treatment and prevention needs for addictions: alcohol, drugs, gambling, dental health, addressing mental health issues including grief, depression, social isolation, family dysfunction, abuse, post-traumatic stress, boredom, despair and loss of hope, powerlessness.
**Strategic Issue Six:** Reducing premature death rates, primarily due to injury; a problem especially in adolescents and young adults, more males than females.
**Strategic Issue Seven:** Strengthening partnerships: maintaining and enhancing relationships with other northern jurisdictions to deal with common priorities including training, advocacy on resources and policies, recruitment, and service access; working with others to address system-wide enabling of dependency and premature parenting; improving income equity, employment, and economic development.
**Strategic Issue Eight:** Preparing to meet future challenges in the care and support of elders and disabled persons, in communities where possible.

## Progress and Results:

Our Annual Report is built on the work done in *The Action Plan* and follows the four long-term goals that have been established:

- Goal 1: Improved access to quality health services.
- Goal 2: Effective health promotion and disease prevention.
- Goal 3: Retain, recruit and train health providers.
- Goal 4: A sustainable, efficient, accountable and quality health system.

### GOAL 1: Improved Access to Quality Health Services

- A full time addictions counsellor position has been placed in Pinehouse and the Addictions Services Program is being developed in that community.
- The "Healthy Choices for Teens Program" has been developed and delivered in La Ronge.
- Community presentations from Addictions/Mental Health staff are provided to schools, community college, women's shelter and other community groups and agencies.
- Several series of "Anger Management" workshops have been delivered in Sandy Bay.
- MCRHR is involved in setting the overall direction and delivery of the KFN (Kids First North) Program in northern Saskatchewan with particular focus on the Central Region (La Ronge, Pinehouse, Brabant, Weyakwin) and eastern region which includes Sandy Bay, Creighton and Denare Beach.
- Moved Creighton Home Care office to same building as other MCRHR services, where building is more accessible to clients, public, etc.
- Renovations to Long Term Care dining room and activity area completed. Many changes have occurred involving a transformation towards a more homelike environment such as:
    - More pictures, including three large murals that were painted by local high school students.
    - Four electronic arm chairs.
    - Plants, many of them being real.
    - Drapes instead of institutional blinds.
    - Makita, a one year old husky cross.
    - Dolly and Paul, a finch and a budgie.
- Makita, Dolly and Paul are incorporated by the activities staff in the daily routines of their department. They involve the residents in keeping Makita exercised by playing fetch daily. The residents are encouraged to talk to the birds and help with their daily feeding.
- A walking program occurs daily Monday through Friday involving all Long Term Care residents who require added assistance.
- A shower chair was purchased and the Long Term Care residents are now given the option between showering and bathing.

- For the current year, patients and healthcare providers rely on MCRHR's laboratory and diagnostic imaging department to provide approximately 660,000 reportable test units. That breaks down to 55,000 units per month and 1,800 per day.
- A new chemistry analyzer was installed in September 2002 and improved the flow of lab test information to health care providers and improved productivity in the lab. During this stage of transition from an old chemistry analyzer to the new machine, we sent our technologist to Rochester, New York for one week of hands on training. This individual is our key operator and MCRHR will continue to upgrade his skills and knowledge on the chemistry analyzer.
- Also in September 2002, the Laboratory Quality Assurance Program made an accreditation visit which proved very useful in MCRHR's pursuit of quality improvement. MCRHR is confident that we will meet all accreditation requirements and receive our full accreditation certificate in the summer of 2003.

## GOAL 2: Effective Health Promotion and Disease Prevention

- Key initiatives that were supported and advanced by the PHU include: service assessment, research and staff training support to the area of infants and children at risk; support to Kids First North; and tuberculosis assessment and contracts.
- Ongoing in-service and education sessions are provided to healthcare staff, other partner organizations and communities in person and by telehealth and teleconference covering such topics as nutrition, heart health, oral health, nursing, and a range of others.
- In the area of chronic disease prevention, the Northern Diabetes Prevention Coalition received funding from Sask Health and several northern partners to continue to help advance healthy eating policies and physical activity initiatives in schools and organizations. Awareness messages were enhanced to include other chronic problems such as heart disease and some forms of cancer. Efforts have also been intensified to increase the uptake of mammography services through targeted health promotion strategies. Additionally skill development workshops with intersectoral partners are being designed and planned to help enhance and achieve effective health promotion and sustainable community development action.
- Public health nutrition strategies included the planning and delivery of a telehealth "Nutrition Workshop" for front line workers with 125 participants taking part in five northern sites. Having the opportunity to assist in the training of two dietician interns was beneficial to both our northern program and the interns. In addition to all this, the PHU nutritionist chaired the provincial public health nutritionist working group and the Canadian Prenatal Nutritionist Working group.
- The dental health educator had the opportunity to attend Health Canada's new oral health strategic training and then was able to provide this same training to Kids First North staff, and the dental teams for the regional health authorities. The focus of this strategy is on early childhood tooth decay prevention and overall

health and well-being of moms and new babes. Several resources in this same area were developed including posters, pamphlets, tear sheets and bookmarks. As part of the Northern Health Strategy, the dental health educator took on a key role in the development of a comprehensive north-wide dental initiative involving health regions and First Nations.

- The PHU nurse epidemiologist completed work on the new edition of the Saskatchewan Immunization Manual and the reference manual for public health nurses across the province. Help was given to the development of an implementation strategy for two new targeted provincial immunization programs. This fall a five day Hepatitis C workshop was coordinated that included nurses from several health regions and agencies. The workshop was developed by the Canadian Nurses Association and funded by Health Canada and the purpose was to increase nursing competency in caring for clients with Hepatitis C and in providing prevention programs in communities.
- The new communicable disease control nurse commenced work with the PHU in November 2002. Since that time this position has been assigned the lead role for pandemic flu planning and for providing guidance and support to the health regions in infection control and Communicable Disease Planning. In conjunction with MHO, help was provided with the coordination and sharing of SARS information and in conjunction with the lead nurse epidemiologist help was provided to the coordination of the Hepatitis Workshop.
- Environmental Health:
    - Structure - Reorganization of the filing system was undertaken
      - Work plans were developed for each PHI and overall program
    - General - Tobacco Control Act education activities and inspections undertaken
    - Water - Long Term Drinking Water Strategy funding received to recognize the large number of public water supplies in Northern Saskatchewan
      - Participation in the Shared Water & Sewage System committee to raise the awareness of systems that serve both on and off reserve areas
      - Largest share of precautionary drinking water orders and emergency boil water orders for the province during this period
      - Inspected 202 tourist camps that met the pre-determined inspection criteria
    - Sewage - Considerable involvement in the installation of the new sewer and water system in Stony Rapids
    - Housing - Targeted a number of communities to encourage progress in reducing substandard housing
    - Food - Safe Food Handler training: delivered 17 courses for 274 participants.
    - Partnerships - Continued excellent partnerships with Sask Environment Eco-Regions and government departments.

- The Youth Wellness (Sexual Wellness) program has been stabilized and agreements have been made with the two major high schools in La Ronge to provide classroom presentations and also one to one education and referral services. Educational programming is also being provided on a more limited basis to the elementary schools.
- The New Beginnings Program (FASD intervention program for high risk women) has been firmly established as a viable intervention program for high risk families. Referrals have now exceeded caseload capacity for the existing staff. Saskatchewan Health has committed to providing core funding for this program.
- Community Services focus mainly on the goals of effective health promotion and disease prevention.
- Public Health nursing: Intersectoral participation in Youth Wellness, Fetal Alcohol Syndrome and Effects, Early Childhood Intervention program, prenatal care and breastfeeding. Increased attendance at Child Health Conferences in Sandy Bay.
- Acquired Brain Injury Prevention: Brain walk very popular with 828 students participating. New programs included: Occupational Health and Safety for young Aboriginal Workers, Relationship Violence, Boat Smart, Prenatal Education.
- Diabetes Education and Support (Diabetes Nurse Educator and Dietitian): Establishment of Diabetic Retinopathy Screening (Retinal Photography). Many educational opportunities for staff and clients through workshops and telehealth. Support provided to clients in Southend, Sandy Bay, Pinehouse and Stanley Mission. Annual Diabetes Conference co-hosted with Lac La Ronge Indian Band. Increased interest and attendance markedly noted in the community of Sandy Bay. Recruitment of a podiatrist to provide staff training in diabetic foot assessment and foot care.
- Health Promotion including Community Health Education: Production of video on diabetes prevention, "The Gift of Health" with many northern residents appearing and giving strong messages, Halt the Smoke Radio spots by northern students and produced by Missinipe Broadcasting. Community Health Educators have focussed on diabetes prevention and care.
- Problem Gambling: Development of a number of tools for risk self-assessment.
- Children's Dental program: Assessment of all 5, 6 and 12 year olds to identify DMF (Decayed, Missing and Filled) rates with 6 year old having a lower than provincial average DMF rate. Program prevention priorities are: to apply resin sealants to permanent molars of children 6 and 12 years, fluoride varnish provided to 4-5 year olds and weekly fluoride mouth rinse school program. Dental treatment completed on 1000 children in our Region with staff travelling to Pinehouse, Sandy Bay and Weyakwin with the National School of Dental Therapy conducting a field clinic in Pinehouse where 200 children had dental care completed.
- Primary Care: The number of residents accessing the nursing and physician clinics is relatively consistent of with a total of 16,870 people seeking care.
- Northern Home Care Program: Wellness programs have focussed on physical emotional and social health in addition to the mandated home care programming.

- In Acute Care displays containing information concerning diabetes, heart and stroke and new baby care made accessible to clients.

## Goal 3: Retain, Recruit and Train Health Providers

- Seven staff are now fully certified in Applied Control Therapy and this knowledge is being integrated into Addictions and Mental Health Programs.
- MCRHR has been successful in hiring employees into some difficult to recruit positions. These positions include Primary Care Nurses, Licensed Practical Nurses, casual Registered Nurses, a Communicable Disease Control Nurse, a Dietician and a Public Health Inspector.
- The health region implemented a staff orientation program for all new and existing employees in September. The orientation program is held on a quarterly basis. To date three sessions have been held with a total of 53 Employees attending.
- The orientation package provided to all new employees was revised and enhanced in 2002/03.
- MCRHR implemented a Long Service Recognition program in 2002. Recognition events were held in each community & included milestones reached by employees from April 1, 1998 to December 31, 2002. Long Service Recognition will become an annual event & will be held in each community.
- Sixty two new employees were hired in the 2002 – 2003 fiscal year. Twenty three of the employees hired were of Aboriginal ancestry.
- Human Resources works closely with Northlands College to provide information in regards to training requirements. Ongoing information is provided to Northlands College regarding recruitment challenges.
- Human Resources has an ongoing working relationship with HRDC, CanSask Career & Employment Services, Saskatchewan Association of Health Organizations, Saskatchewan Union of Nurses, Health Sciences Association of Saskatchewan and Saskatchewan Government & General Employees, Health Canada & Aboriginal Employment and educational agencies.
- Several staff attended summer school 2002 which had a focus of community and organizational development which led to the introduction of a model on organizational behaviour. This program has 4 main principles: be there, play, choose your attitude and make their day.
- An Aboriginal Employment Development Coordinator, Millie Goulet was hired July, 2002. She is in contact with the health region's Aboriginal employees and is working with them on employment, education and personal issues.
- Millie has conducted a self identification survey of all health region staff. New staff are surveyed upon hiring. As of March 31, 2003 23.2% (58 out of 250) of the employees of MCRHR had declared that they were of Aboriginal ancestry.
- Two Aboriginal awareness training sessions have been conducted for the region.
- The AEDC assists with the interview and selection process for some of the recruitment in the health region. She is the contact for all SGEU postings. She forwards all external postings to the Aboriginal community.

  - HSAS strike in October and the planning required for potential SUN strike in April.
  - Sent staff on extended educational leaves for dental therapy training, nursing degree, health info services, food services supervisor, quality improvement training.
  - Professional Development for Support Services (Housekeeping, Nutrition & Food Services and Maintenance): Three cooks attended NFS SAHO conference in Saskatoon, one Maintenance Mechanic attended Environmental services conference in Regina, orientation 13 employees, OH&S/ WHMIS/ PART Training for all available staff. Accreditation: 4 employees including the Director of Support Services participated in the teams. Support Services won Spirit of Accreditation award and organized and catered accreditation party. NFS staff 5 workshops with MCRHR Dietitian.
- Recruitment for Support Services: 2 cooks (difficult recruitment area), 5 casual employees (housekeeping aides, dietary aides), 1 Maintenance Mechanic.
- Long Term Care: All Long Term Care staff are up to date with their TLR training and the TLR protocols strictly enforced. Full complement of Special Care Aides the majority of whom hold SCA certificates. Wound management team created following education of all staff. A wound management program will be implemented. Amount of in-services and education days have been increased for all staff. Volunteer hours have increased dramatically, allowing for more community functions at LTC.
- Acute Care: LPN full scope of practice implemented. Full complement of LPN's. 4 empty RN positions out of 10 resulting in increased overtime and minimal coverage on nights. Wound management team created following education of all staff. A wound management program will be implemented. Amount of in-services and education days have been increased for all staff. Increased awareness by nursing staff of services provided by other departments in the organization. Relationship between doctors, nurses and APRS solidified resulting in a greater quantity of referrals and quality of service.

**GOAL 4: A Sustainable, Efficient, Accountable Quality Health System**

- In the field of uranium monitoring, the PHU facilitated a number of studies including a moose study and polonium 210 study. A mine workers epidemiological feasibility study was also supported by the PHU. Several environmental impact assessments were reviewed and all the operational uranium mine sites were inspected. Further, a variety of different research projects were undertaken with external funding including the food costing survey, injury prevention, HIV/Aids, Forest Fire Health Impacts and multiple resistant staph aureus (MRSA).
- The PHU provided health status reports pertaining to the north and the three individual northern health authorities as well as the Community Health Action Planning process for MCRHR. A variety of other reports were made on specific issues including but exclusive to smoking rates, public water systems, and other health issues.

- Accreditation: In spring 2001 the former MCR Health District decided to embark upon the accreditation process. Seven teams were formed, the 4 mandatory teams of Leadership & Partnership, Information Management, Physical Environment and Human Resources. The 3 additional care teams of Early Detection and Treatment (Acute & Emergency Services), Continuing Care (Home Care, Long Term Care, Activities, etc) and Protection, Promotion, Prevention (Community Services).
    - The self-assessment was completed and submitted to CCHSA in March 2002. From this time forward efforts were focussed on the survey visit which was to take place June 24-28, 2002.
    - MCRHR was the first health region in Saskatchewan to successfully achieve accreditation status. We achieved a 3 year accreditation status with report.
    - 12 recommendations with 2 key recommendations to be included in the follow up report. These recommendations include 2 key recommendations:
      (1) the need for a formalized performance evaluation process and
      (2) it is recommended that MCRHR develop a disaster evacuation plan and a mock disaster evacuation plan should be conducted in conjunction with the community.
      The other recommendations include:
      (1) the board develop a communication plan for the organization linking organizational goals with key messages to be relayed to the community. This should include a process for the organization to integrate community messages into board planning and service delivery,
      (2) that the risk management program be expanded,
      (3) that a standardized documentation process be implemented for granting appointments and reappointments for medical staff;
      (4) the staff recognize the need for support in working alone and travelling to remote communities. It is recommended that the policies and procedures relating to staff working alone be reviewed and revised with staff input;
      (5) that an interdisciplinary and integrated plan of care for the delivery of long term care be implemented. This process should include all persons involved in the delivery of care including the physicians as well as the client. Clear goals and measurable outcomes should also be integrated in this care planning process;
      (6) that the consent process be reviewed to include advance directives;
      (7) there needs to be integrated plan of care that considers the whole person and involves clients and families to set goals and desired results;
      (8) an identified case management and client centred process be standardized throughout the whole organization;
      (9) that a CQI program be developed
      (10) that MCRHR implement a policy to address ethical issues across the organization.
    - Good practices were noted including:
      (1) the partnership with Northlands College to educate local residents and provide local employment that mirrors the population profile, is an innovative practice to increase First Nations staff members. MCRHR provides clinical placement for LPN students. Graduates are then hired by the health centres.

The organization is currently recruiting an Aboriginal Employment Coordinator to support First Nations staff as they are hired.
(2) MCRHR is recognized as a leader in the province in the use of telehealth for transmitting ultrasound images.

- In the fall of 2002 there was establishment of a Regional Continuous Quality Improvement (CQI) Program with involvement from staff from every community, maintaining the original 7 teams with some membership changes.

- Concern Handling Process: # of concerns continues to increase. This is attributed to the public becoming aware of the Quality Care Coordinator and the accessibility to her. Processes have been established and implemented for dealing with client concerns with great success and cooperation from all staff and managers.
- Risk Management: critical incident review process being established. Development of 2 standard forms for reporting of incidents. One that relates to staff injury/hazards and one for patient/client unusual occurrences.
- Occupational Health and Safety: Establishment of an OH&S Program with clear guidelines, policies and procedures. An OH&S committee has been established in all the facilities that require them.
- Infection Control: Infection Control Program has been established with clear guidelines, policies and procedures for issues that affect the Region. Each program is responsible for establishing program specific P&P. Education regarding SARS and general Infection Control is available via the computer network.
- Staff Immunization Program has been established.
- All Mental Health staff are utilizing the Mental Health information system. This will improve the available data base and improve strategic planning for the development of future Mental Health Services
- A more formalized approach to caseload reviews and file audits has been developed by both Addictions and Mental Health Services as one measure of a continuous quality improvement.
- Enhance communication in Support Services: Supervisors in NFS and Maintenance Department reporting daily to Director of Support Services. Installed bulletin board in loading dock area for staff. Emails are posted in NFS and on new bulletin Board.
- New programs in Support Services: wheel to meals program.
- Projects in Support Services: Organized and completed Renovations in LTC wing of La Ronge Health Centre. Organized and completed 4 vehicle exchange for the health region. All housekeeping schedules and projects are completed in La Ronge Health Centre and in the doctors apartment. Completed fire plan for Sandy Bay. Updating emergency disaster plan in La Ronge.
- Daily operations in Support Services:
  - Catering totals 92
  - Meal count: meals in the Health Centre 34,340.
    meals on wheels 975.
- Unexpected Events Planning for Region's physical plant infrastructure

  - Extended Power outage in extreme cold weather. Plan and purchase emergency equipment in La Ronge Health Centre. Developed P&P's for Support Services staff. Installed emergency lighting, power outlets. Fridge and freezer are also on emergency generator in La Ronge Health Centre. Fire panel breakdown for one month. Developed and implement back-up plan for staff while system was down. Consulted with Honeywell and SGI. Patient call system break down. Developed and implement back-up plan for staff and patients.
- Enhancement of Leadership Group to enhance team approach to leading the organization ie budget deliberations resulted in better understanding of MCR's strategic direction.
- Informatics: Formation of Informatics position and team. Team-building tasks which included creating vision, mission, values and goals for Informatics. Work has started on the first-ever work plans and monitoring processes for Informatics staff. Rollout of the FISH! Philosophy within Informatics.
- Various tasks in Informatics: Work has begun on the development of MCRHR's website. Upgrades have been done to the telehealth system and to the network within the region. Creation and distribution of regular newsletters. Attendance and representation at provincial committees dealing with communications and information technology issues. Progress continues to be made with issues from the Information Management Continuous Quality Improvement Team as a result of the accreditation survey.
- The initial resident information has been inputted into the MDS system and quarterly reviews are now in process.
- A comprehensive medication evaluation was done on all residents by a consulting pharmacist. Changes were implemented and plans to continue with a semi-annual review have been put into action.
- Quality control regiment implemented on sterilizer and sterilized items.

# Challenges and Future Directions:

## GOAL 1: Improved Access to Quality Health Services

- CHAP strategic planning session schedule for late June 2003. This will establish region wide and community specific goals and provide the RHA and staff guidelines for resources allocation for both the short and long term.
- The Primary care model is not new to the north but a way of health services delivery as a matter of necessity. The Region is excited about the new resources directed towards an already successful program and looks forward to establishing a Primary Care Program Manager and primary care teams accountable for these services.
- To improve access to and coordination with itinerant psychiatric services.
- To improve coordination of services with local high schools and elementary schools.
- To improve case management processes with Young Offenders Services, Family services, ICFS and Justice.
- To enhance the capacity of the Youth Wellness Program( Sexual Wellness) particularly in meeting the needs of First Nations Schools.
- New developments in MCRHR Telehealth for 2003:
    - Educational
        - Host monthly education based on Northern Health promotions Monthly Themes.
        - SIIT has partnered to provide a 3 part series on FASD.
        - Continue to offer education from RUH, CDA, and Heart & Stroke Foundation, Alberta Telemental Health, Glenrose Nursing Rounds.
    - Clinical
        - New clinical additions include:
            - O&G (Dr. F. Olatunbosun)
            - Physiatric/diabetic foot (Dr. G. Linassi)
            - Internal Medicine (Dr. J. Biem
            - Pediatric Rheumatology (Dr. A. Rosenberg).
        - Working to establish an IP connection for tele-ultrasound at the La Ronge Health centre.
    - Consultative
        - Starting trial with SLP from Saskatoon for client consults in La Ronge.
        - Child psychiatry is interested and has set up a trial clinic with La Ronge.
        - Working with PCN in Pinehouse to increase use for emergency consultations.
        - Working with ECIP to increase use for meetings and case consults with KCC.

- Continuing to promote local staff use for diabetic and dietetic consults/teaching.

- Other
  - La Ronge has piloted and is now in the province-wide test stage of IP Telehealth.
  - La Ronge is the test site for IP Tele-radiology for the province.
  - La Ronge has been the focus of a news story on Telehealth (Global TV) and was mentioned in a media event with Health Minister Nilson and thanked for MCRHR's efforts in the above pilots.
  - Continue working with all other Telehealth sites in promotion and future development of the program in Sask.
  - Keep up good working relationship with PBCN sites within our region for support and access.
  - Establish and offer "Telehealth Training Program" to MCRHR staff to increase access to Telehealth and promote the "Telehealth is a tool" concept within the region.
- Future
  - Dependent upon the success of Meadow Lake's trial of Tele-Poison control, we may have access to emergent consults with the Poison Control Centre in Calgary.
  - Tele-nephrology may be trialed from St.Paul's hospital (renal consults).
  - Palliate care consults.
  - More O&G physicians coming online for clinics.
  - Possibly Genetics consults over Telehealth.
  - With the addition of IP-Radiology, we may see an increase in utilization for Ortho and Plastic Surgery consults.
  - We are expecting an increase in use by Sask Health for administrative meetings.
  - Sask Institute on Prevention of Handicaps (SIPH) is discussing increased use of Telehealth for their educational programs.
  - Health Canada – Community Action Plan for Children (CAPC) is looking at Telehealth to provide a series of education sessions.
  - Expand on the use of WEBEX technology in providing education to local and remote non-Telehealth sites.
  - Expand Telehealth to Sandy Bay to provide clinical, admin and educational access to MCRHR staff in that location, which will serve to increase communication, increase access to services, and decrease travel costs, while providing a safe alternative to road or aircraft travel for staff and patients.
  - Other future programming and new clinical applications will arise from the provincial needs assessment we are planning to implement by the end of June. We will then work to meet the identified needs this fall and into 2004.
  - Tele-ultrasound may expand to be a self-supported system in that department. (Some radiologists have implemented videoconferencing

units into their offices in PA and Saskatoon and this will become a standard practice in years to come).

## GOAL 2: Effective Health Promotion and Disease Prevention

- To meet the needs of high risk women seeking addictions and mental health services particularly in the area of addictions treatment, parenting, living skills and understanding of child development.
- This past year reinforced the phrase 'expect the unexpected' in the Population Health Unit. The focus on abandoned uranium mines in the far north and the mine site in Creighton, SK involved a great deal of research, on site meetings and follow-up to ensure public health and safety. The water contamination outbreak in Saskatchewan resulted in significant attention and efforts to ensure this did not occur elsewhere. Last summer West Nile Virus became a common term across the country as serious health problems occurred due to mosquitoes. This year the PHU is providing educational information to communities about mosquito control and surveillance of particular infested dead birds and mosquito speciation testing. Bioterrorism response plans were developed and the outbreak of SARS saw the PHU along health care staff in the north and across the country learning and preparing for this serious respiratory problem – just in case.

## Goal 3: Retain, Recruit and Train Health Providers

- Recruitment and retention, particularly in the public health inspection and clerical areas continue to be challenging. Workload, timelines, expectations and equitable service provision are ongoing issues for the shared positions and programs of the PHU.
- Participate in the SRNA Quality Workplace Program.
- Development of performance evaluations for staff. The performance evaluation tool has been selected and training of managers to use the tool will commence in September 2003.
- Joint Job Evaluation: this process has been completed for SUN, was negotiated out of the HSAS collective bargaining and currently bargaining is in progress for SGEU employees.

## GOAL 4: A Sustainable, Efficient, Accountable Quality Health System

- Primary Care initiatives including hiring Director of Primary Care, hiring of Sandy Bay Community Health Manager.

- wrapup of CHAP with report to be used as blueprint for delivery of health services in MCR.
- closer alignment with other regions and Dept. of Health thru provincial committees, however challenging to attend meetings due to travel distances and limited resources such as time and money.
- Quality Initiatives from accreditation process include:
    - Revision of Disaster/Emergency Plan with the inclusion of Evacuation for La Ronge Health Center
    - Development of Advanced Care Directives information and process
    - Process for staff performance evaluations
    - Communications Plan
    - Better integrated care delivery and teamwork between depts./programs.
- Risk Management in-service planned for September 2003 for all staff, managers and physicians.
- OH&S training continues to be challenging but is ongoing with all classes being full as they are offered.
- Unexpected Events Planning for Region's physical plant infrastructure.
- Launch of MCRHR's website.
- Creation and implementation of an information management plan, an information technology plan and a communications plan.
- Improvement in the communication to stakeholders via newsletters, newspapers, radio ads, etc.
- Implementation of training and education for staff in the areas of telehealth and information technology.
- The Northern Health Strategy will address and focus on this goal. A description of this strategy is included below, with appreciation to Carol Gillis of Keewatin Yatthe Health Region for the composition and sharing of this information.

## NORTHERN HEALTH STRATEGY

For several years, concerned northerners, health boards, health care staff and other organizations began sharing information and concerns about the similar issues they were facing in the north. They began to talk about their common concerns and search for ways to address them. Concerns including:

- Multiple and complex jurisdictions;
- Geographic distances;
- Small population;
- Cultural differences between north and south;
- Similar disease patterns and other health issues;
- Similar community aspirations;
- Similar health service deficiencies.

As a result of discussions, a number of partnerships developed which began to work together in various ways including:

1. Communication (information sharing)

2. Co-operation (independent groups)
3. Collaboration (new structures with authorities)

The idea of a Northern Health Strategy then emerged as:
**"A unique health strategy for northerners - made by northerners - and implemented by northerners working together in a variety of relationships/partnerships."**

It was agreed that the northern way of approaching challenges is based on the following principles which the Northern Health Strategy encompassed.
**It must....**

- Be wholistic;
- Place the individual within the appropriate family and community context;
- Recognize that the North is unique (ie. Health service deficits, geography, population growth and language and cultural issues);
- Emphasize prevention not just treatment;
- Recognize and respect the complex jurisdictional issues;
- Recognize the health of northern people requires cooperation and support from departments and agencies that often don't view themselves as delivering "health" services.

The Northern Health Strategy Working Group was formed following a Board to Board meeting on October 20, 2001 of Northern Health districts/authorities. An Accord was signed by the leaders of the Northern Health Strategy in February 2002, and the working group, which is comprised of senior people, was formed with representation from:

- Athabasca Health Authority;
- Keewatin Yatthé Regional Health Authority;
- Kelsey Trail Regional Health Authority (Cumberland House);
- Mamawetan Churchill River Regional Health Authority;
- Northern Intertribal Health Authority;
- Saskatchewan Health, Northern Region; and
- Health Canada, First Nations and Inuit Health Branch, Saskatchewan Region.

Further, the northern health strategy idea/concept was presented to the following leaders and discussed at the following meetings:

- Associate Minister of Health for Saskatchewan in Prince Albert in October 2000;
- Fyke Commission as a result has been mentioned in the Action Plan for Saskatchewan Health Care;
- Deputy Minister of Health;
- Federal Minister of Health (Hon. Allan Rock);
- Romanow Commission, July 2002. The Northern Health Strategy group along with other northern leadership met with the Romanow Commission in La Ronge to provide information to the Royal Commission on the Future of Medicare in Canada. As a result, the Northern Health Strategy was mentioned as one of three successful Aboriginal models in the country, something that we are very proud of.

With the release of the Action Plan for Saskatchewan Health Care in December 2001, the provincial government responded to the Fyke Commission by confirming support for the development of a Northern Health Strategy. In April of 2002, Health Canada confirmed its support for this development as well. Both Governments have made financial commitments of $100,000 each for further development of the strategy.

The goal of the Northern Health Strategy is ***to improve the health status in Northern Saskatchewan.*** In achieving this, we are committed to respect the autonomy of individual health authorities and First Nation Health Authorities in the north while building on current strengths and looking for opportunities to work together to enhance health service delivery in northern Saskatchewan.

The following highlights demonstrate some of the accomplishments of the Northern Health Strategy Working Group for the 2002 –2003 fiscal year:

- Recruited a Northern Health Strategy Health Coordinator who started in September 2002. The coordinator has been provided office space and other supports by Saskatchewan Health in La Ronge.
- Strategic planning sessions were undertaken.
- Terms of Reference for the Northern Health Strategy Working Group have been developed.
- A Northern Health Strategy framework has been developed with the next step of presenting to and receiving approval from member organizations.
- A Letter of Intent was submitted to the federal government under the Primary Health Care Transition fund and approval was granted in March to proceed to proposal development. A request for proposal development funds up to $50,000 followed and this was also approved. The letter of intent sent to the Primary Health Care Transition fund listed four (4) key areas:

    1. Building a framework for the integration of core service delivery in the north;
    2. Human Resources Development (recruitment, retention and training);
    3. Chronic Disease Management (diabetes, heart disease and other chronic disease prevention programming, chronic sickness, etc.)
    4. Health promotion and partnerships.

- The Northern Health Strategy has also made several other presentations to other various organizations including, but not exclusive to, the Saskatchewan Academic Health Sciences, the Health Quality Council, the Indigenous Peoples Research Centre and others.

The Health Boards, Northern Inter-Tribal Health Authority and government representatives are excited about the Northern Health Strategy process and look forward to meeting and collaborating with organizations and communities as we work together to promote healthy individuals, families, and communities in Northern Saskatchewan.

## Management Discussion and Analysis:

(report by Lionel Chabot, Chief Executive Officer)

Overall the past year was one of change both in governance and management practices. Although our boundaries remained intact, our board changed over five members, resulting in board orientation and their familiarization of operations.

So too, has our management team evolved. We have since renamed the Senior Management Team to the Leadership Group (LG), which is comprised of the Program Managers, Community Managers and the Chief Executive Officer (CEO). The LG meets regularly to discuss day to day operational issues and develop liaisons and partnerships with other human services agencies and community organizations both within our region and with our neighbours to maximize scarce resources. Partnership development is a core strategy of the Leadership Group. This stems for the research which indicates that as health service providers, we influence only approximately 25% of a person's health status and that the rest is determined by other factors, such as housing, education, lower incomes, employment opportunities, and municipal infrastructure.

The relationship between our Leadership Group and the Department of Health was strengthened by the formation of a Leadership Council, comprised of Deputy Minister, her staff and the CEOs of the twelve Regional Health Authorities, the Athabasca Health Authority and The Saskatchewan Cancer Agency. These monthly meetings have developed into a very useful format to exchange information, formulate strategy and plan health services on a provincial scale while realizing individual roles within that scheme. That said, this does not come without increased cost in terms of travel and time away from the office; both significantly increased from past years. Couple this with the vast geography of our region and the distance to southern locals, we face significant resource challenges as the demand for health services has not diminished under this new regime. Although our health status report clearly indicates we are below provincial standards in a majority of the indices demanding more resources, our organization has and will continue to struggle to maintain the status quo in terms of providing services to the community while coping with the demand for increased accountability. To that end, we continue to lobby the funding agencies to acknowledge these challenges by establishing a funding formula that is responsive in a meaningful way; one that responds to demographic fluctuations and geography.

Medical transportation remains a major issue for residents of our community. Although the ground ambulance is established and provides a service to one community in the region, other more remote areas depend upon medical taxis and any other means available at the time. In addition, our air transport for intermediate life support requires a stable source of funds to ensure 24/7 coverage at an established standard of service. We anticipate renewing discussions with our northern neighbours to solidify the carrier and standards in the 2003-2004 fiscal year.

We continue to work with our First Nation partners in the delivery of health services and support north-wide initiatives when and where appropriate. The Northern Health Strategy has come about because the leaders of the involved organizations wanted to regain some of the principles that northerners hold true, of helping a neighbour in need. The Northern Health Strategy Working Group was formed to seek out funding and develop innovation and to apply these findings in a collaborative way. We have also lent our voice to the argument of our First Nations colleagues that sudden changes in federal polices need to communicated, in a timely and consistent fashion.

Organizationally, we are very pleased with the results of our accreditation survey and increased emphasis on recruitment and retention strategies. We applaud the new resources directed towards increased training seats but realize that we must do our share and prepare our organization. We as an organization must continually strive to engage in strategies that facilitate a positive work environment. To that end we have signed the Representative Workforce agreement and allocated resources. In addition and with SAHO's assistance, the majority of our collective agreements contain language that addresses some of the challenges facing the northern regions. From a financial perspective we ended the year with a small deficit, one that is easily recoverable in the future. Although our facility infrastructure is quite new (La Ronge) and our community programs are more centralized, program space remains at a premium. As the demand for services increases so does the pressure for adequate space, which is fast becoming a major issue in all the service delivery points in the region.

Finally, although this has been a year of change and turmoil, the Board and Staff, the physician team and volunteers have continued to provide quality services and for this we are grateful and mindful of your efforts and commitment.

## Financial Summaries:

See Appendix A for the Auditor's Report.
See Appendix B for the Financial Statements.
See Appendix C for the Notes to the Financial Statements.
See Appendix D for the Financial Statement Schedules.

## Summary Report on HCOs:

- National Addictions Awareness National kick-off was held in Flin Flon with a great deal of the leadership provided by CADAC (Creighton Alcohol and Drug Awareness Council) in conjunction with the Alcoholism Foundation of Manitoba.
- Sandy Bay - Planning is well underway for an expanded addictions outpatient facility. It is anticipated that this facility will be open by August, 2003. In the process of planning this facility a partnership with Kids First North was developed to share both counselling and group work space.
- Creighton -CADAC outpatient centre in Creighton continues to deliver very consistent addictions services to residents of Creighton and Denare Beach.

- MCRHR is developing ways of insuring that the accountability link between the health region and the HCO is strengthened and at the same time respecting the autonomy of the locally managed HCO.

Copies of this Annual Report are available from the Informatics Department of the Mamawetan Churchill River Health Region.

For a copy:
Phone: (306) 425-2422
Email: lrhc.receptionist@mcrrha.sk.ca
Or write to: Informatics
Mamawetan Churchill River Health Region
Box 6000
La Ronge, Sk.
S0J 1L0

# APPENDIX A

# AUDITOR'S REPORT

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Deloitte & Touche

# AUDITORS' REPORT

**TO THE BOARD OF DIRECTORS OF THE
MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**

We have audited the statement of financial position of the Mamawetan Churchill River Regional Health Authority as at March 31, 2003 and the statements of operations and changes in fund balances and of cash flows for the year then ended. These financial statements are the responsibility of management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2003 and the results of its operations and of cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

**Chartered Accountants**

May 9, 2003

# APPENDIX B

# FINANCIAL STATEMENTS

# MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

## FINANCIAL STATEMENTS

## FOR THE YEAR ENDED MARCH 31, 2003

STATEMENT 1

# MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
## STATEMENT OF FINANCIAL POSITION
### As at March 31

| | Restricted Funds | | | | |
|---|---|---|---|---|---|
| | Operating Fund | Capital Fund | Community Trust Fund | Total 2002-03 | Total 2001-02 (Note 9) |
| ASSETS | | | | | |
| Current Assets: | | | | | |
| Cash and short term investments (Schedule 2) | $588,810 | $ 87,727 | $23,605 | $700,142 | $939,479 |
| Accounts receivable | | | | | |
| Saskatchewan Health -General Revenue Fund | 130,224 | 0 | 0 | 130,224 | 317,433 |
| Other | 289,698 | 19,816 | 0 | 309,514 | 260,704 |
| Inventories | 122,606 | 0 | 0 | 122,606 | 96,280 |
| Prepaid expenses | 110,212 | 0 | 0 | 110,212 | 45,634 |
| Interfund balances | (26,704) | 26,704 | 0 | 0 | 0 |
| | 1,214,846 | 134,247 | 23,605 | 1,372,698 | 1,659,530 |
| Capital assets (Note 2c and 3) | 0 | 11,616,152 | 0 | 11,616,152 | 11,997,296 |
| Total Assets | $1,214,846 | $11,750,399 | $23,605 | $12,988,850 | $13,656,826 |
| LIABILITIES AND FUND BALANCES | | | | | |
| Current Liabilities: | | | | | |
| Accounts payable | $427,765 | $0 | $2,987 | $430,752 | $738,486 |
| Accrued salaries | 336,348 | 0 | 0 | 336,348 | 456,316 |
| Vacation payable | 477,241 | 0 | 0 | 477,241 | 404,562 |
| Deferred revenue (Note 5) | 443,160 | 0 | 0 | 443,160 | 217,310 |
| Total Liabilities | 1,684,514 | 0 | 2,987 | 1,687,501 | 1,816,674 |
| Fund Balances: | | | | | |
| Invested in capital assets | 0 | 11,616,152 | 0 | 11,616,152 | 11,997,296 |
| Externally restricted (Note 2a[ii], Note 2a[iii] and Schedule 3) | 0 | 49,679 | 20,618 | 70,297 | 271,804 |
| Internally restricted (Schedule 4) | 0 | 84,568 | 0 | 84,568 | 29,240 |
| Unrestricted | (469,668) | 0 | 0 | (469,668) | (458,188) |
| Fund balances - Statement 2 | (469,668) | 11,750,399 | 20,618 | 11,301,349 | 11,840,152 |
| Total Liabilities and Fund Balances | $1,214,846 | $11,750,399 | $23,605 | $12,988,850 | $13,656,826 |

(See accompanying notes to the financial statements)

**APPROVED BY THE BOARD:**

_____ **Board Member**

_____ **Board Member**

STATEMENT 2

# MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
## STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
### For the Year Ended March 31

| | Operating Fund | | | Restricted Funds | |
|---|---|---|---|---|---|
| | Budget 2003 (Note 11) | 2003 | 2002 (Note 9) | Total 2003 (Schedule 5) | Total 2002 (Note 9) |
| **EVENUES** | | | | | |
| Saskatchewan Health – General Revenue Fund (Note 7) | $11,265,225 | $11,804,420 | $13,615,831 | $0 | $245,327 |
| Other Provincial Revenue | 351,358 | 309,981 | 264,449 | 0 | 0 |
| Long-term resident and respite fees | 157,315 | 159,614 | 157,315 | 0 | 0 |
| Home Based Service – client fees | 32,052 | 30,000 | 32,065 | 0 | 0 |
| Out-of-province charges & third party reimbursements | 53,079 | 51,916 | 51,916 | 0 | 0 |
| Donations | 0 | 0 | 0 | 11,096 | 13,028 |
| Investment Income | 14,400 | 15,559 | 16,176 | 5,268 | 1,799 |
| Ancillary operations – income | 168,882 | 304,391 | 303,923 | 0 | 0 |
| Other | 193,634 | 207,242 | 149,476 | 5,331 | 675 |
| | 12,235,945 | 12,883,123 | 14,591,151 | 21,695 | 260,829 |
| **XPENSES** | | | | | |
| Acute services (Note 7) | 4,690,551 | 5,076,322 | 6,365,649 | 477,122 | 506,003 |
| Supportive care services | 341,292 | 338,478 | 329,050 | 0 | 0 |
| Home based services | 883,530 | 930,480 | 1,033,347 | 6.835 | 3,326 |
| Community Care Initiatives | 15,000 | 13,249 | 14,567 | 0 | 0 |
| Emergency response services | 497,476 | 528,359 | 573,185 | 0 | 0 |
| Addiction services | 1,010,806 | 920,142 | 983,357 | 48,796 | 51,750 |
| Community Health Services | 3,838,706 | 4,058,812 | 3,658,785 | 0 | 0 |
| Mental health services (Note 7) | 745,237 | 870,413 | 1,443,746 | 0 | 0 |
| Rehabilitation services | 213,347 | 158,348 | 230,428 | 16,265 | 17,250 |
| | 12,235,945 | 12,894,603 | 14,632,114 | 549,018 | 578,329 |
| )eficiency) excess of revenues ver expenses | $ 0 | (11,480) | (40,963) | (527,323) | (317,500) |
| und balances, beginning of year | | (458,188) | (417,225) | 12,298,340 | 12,615,840 |
| und balances, end of year | | $ (469,668) | $ (458,188) | $11,771,017 | $12,298,340 |

(See accompanying notes to the financial statements)

Statement 3

# MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
## STATEMENT OF CASH FLOW
### For the Year Ended March 31

| | Operating Fund | | Restricted Funds | | | |
|---|---|---|---|---|---|---|
| | 2003 | 2002 (Note 9) | Capital Fund | Community Trust Fund (Schedule 3) | Total 2003 | Total 2002 (Note 9) |
| **Sources of cash:** | **Operating Activities** | | **Financing and Investing Activities** | | | |
| Sask. Health – GRF (Note7) | $12,147,154 | $13,734,553 | $ 70,327 | $ 0 | $ 70,327 | $ 240,000 |
| Other provincial sources | 280,028 | 283,259 | 0 | 0 | 0 | 0 |
| Donations | 0 | 0 | (3,469) | 0 | (3,469) | 14,306 |
| Disposal of capital assets | | | | | | |
| Equipment | 0 | 0 | 5,331 | 0 | 5,331 | 0 |
| Others | 768,722 | 710,871 | 0 | 976 | 976 | 347 |
| Increase in due to capital fund | 6,678 | 0 | 0 | 0 | 0 | 68,442 |
| | 13,202,582 | 14,728,683 | 72,189 | 976 | 73,165 | 323,095 |
| **Uses of cash:** | | | | | | |
| Salaries & benefits | 8,525,473 | 7,881,601 | 0 | 0 | 0 | 0 |
| Materials & services (Note 7) | 4,570,001 | 6,153,354 | 7,036 | 4,303 | 11,339 | 2,742 |
| Grants to Health Care Organizations | 241,672 | 235,278 | 0 | 0 | 0 | 0 |
| Purchase of capital assets | | | | | | |
| Buildings | 0 | 0 | 0 | 0 | 0 | 68,442 |
| Equipment | 0 | 0 | 159,921 | 0 | 159,921 | 82,619 |
| Increase in due from operating fund | 0 | 68,442 | 6,678 | 0 | 6,678 | 0 |
| | 13,337,146 | 14,338,675 | 173,635 | 4,303 | 177,938 | 153,803 |
| Net increase (decrease) in cash and investments during the year | (134,564) | 390,008 | (101,446) | (3,327) | (104,773) | 169,292 |
| Cash and investments, beginning of year | 723,374 | 333,366 | 189,173 | 26,932 | 216,105 | 46,813 |
| Cash and investments, end of year | $ 588,810 | $ 723,374 | $ 87,727 | $ 23,605 | $ 111,332 | $ 216,105 |
| Amounts in cash balances | | | | | | |
| Cash and short term investments | $ 588,810 | $ 723,374 | $ 87,727 | $ 23,605 | $ 111,332 | $ 216,105 |
| Investments | 0 | 0 | 0 | 0 | 0 | 0 |
| | $ 588,810 | $ 723,374 | $ 87,727 | $ 23,605 | $ 111,332 | $ 216,105 |

(See accompanying notes to the financial statements)

# APPENDIX C

# NOTES TO THE FINANCIAL STATEMENTS

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**
**NOTES TO THE FINANCIAL STATEMENTS**
**as at March 31, 2003**

## 1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (the Act). This Act created the Mamawetan Churchill River Regional Health Authority (RHA). The Authority is responsible for the planning, organization, delivery and evaluation of health services within the geographic area know as the Mamawetan Churchill River Health Region.

## 2. Significant accounting policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

a) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with pre-amalgamation agreements signed with the amalgamating health corporations.

The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

**2. Significant accounting policies** - (continued)

b) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund.

c) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

| | |
|---|---|
| Buildings | 2 1/2% and 10% |
| Equipment | 5% to 20% |

Donated capital assets are recorded at their fair market value at the date of contribution (if fair value can be reasonably determined.)

d) Inventories

Inventories consist of general stores, pharmacy, laboratory, linen and other. All inventories are valued at cost as determined on the first-in, first-out basis.

e) Investments

Investments are valued at the lower of cost or net realizable value.

f) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. The RHA expenses all contributions it is required to make in the year.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

## 3. Capital Assets

| | March 31,2003 | | | March 31, 2002 |
|---|---|---|---|---|
| | Cost | Accumulated Amortization | Net Book Value | Net Book Value |
| Land | $407,572 | $0 | $407,572 | $407,572 |
| Buildings | 12,763,102 | 2,307,743 | 10,455,359 | 10,779,570 |
| Equipment | 2,272,569 | 1,519,348 | 753,221 | 810,154 |
| | $15,443,243 | $3,827,091 | $11,616,152 | $11,997,296 |

## 4. Commitments

Minimum annual rentals under operating leases on property and equipment over the next four years are as follows:

| | |
|---|---|
| March 31, 2004 | $38,940 |
| March 31, 2005 | $25,815 |
| March 31, 2006 | $12,690 |
| March 31, 2007 | $12,690 |

## 5. Deferred Revenue

| | *Balance, Beginning of Year* | *Add Amount Received From Other Sources* | *Add Amount Received from Health* | *Less Amount Recognized From Other Sources* | *Less Amount Recognized From Health* | *Balance, End of Year* |
|---|---|---|---|---|---|---|
| Professional Development | $0 | $0 | $15,790 | $0 | $0 | $15,790 |
| SGI ABI Rehabilitation and Education | 0 | 44,270 | 0 | (32,117) | 0 | 12,153 |
| Infant Mortality | 0 | 0 | 26,000 | 0 | (7,500) | 18,500 |
| Diabetes Prevention | 0 | 0 | 8,150 | 0 | 0 | 8,150 |
| Population Health Training Program | 10,627 | 3,800 | 5,000 | 0 | (4,967) | 14,460 |
| Type 2 Diabetes/KYRHA | 0 | 20,000 | 45,000 | (20,000) | (18,195) | 26,805 |
| Provincial Diabetes Plan 01-02 | 0 | 0 | 35,000 | 0 | 0 | 35,000 |
| Provincial Diabetes Plan 02-03 | 0 | 0 | 30,970 | 0 | 0 | 30,970 |
| Long Term Water Strategy/Conference | 0 | 0 | 41,800 | 0 | (28,837) | 12,963 |
| Environmental Health Officer funding | 66,829 | 0 | 55,000 | 0 | (77,865) | 43,964 |
| Primary Health Services | 0 | 0 | 116,900 | 0 | 0 | 116,900 |
| Y2K funding | 10,633 | 0 | 0 | 0 | (10,633) | 0 |
| Peter Ballantyne Cree Nation funding | 19,050 | 0 | 0 | (19,050) | 0 | 0 |
| Northern Health Strategy Report | 100,000 | 50,000 | 0 | (70,535) | 0 | 79,465 |
| Summer Student Program | 0 | 0 | 13,860 | 0 | (3,921) | 9,939 |
| Vaccine Purchase | 0 | 10,000 | 0 | 0 | 0 | 10,000 |
| Youth Sexual Wellness | 8,098 | 48,000 | 0 | (47,997) | 0 | 8,101 |
| Dental Health Education | 2,073 | 0 | 13,500 | 0 | (15,573) | 0 |
| | $217,310 | $176,070 | $406,970 | $(189,699) | $(167,491) | $443,160 |

Restricted funding relating to general operations from Saskatchewan Health-General Revenue Fund and other sources is recorded as revenue as the related costs are incurred.

## 6. Patient And Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2003, was $8,485 (2002 - $6,961). These amounts are not reflected in the financial statements.

## 7. Athabasca Health Services

In 1998-99, the RHA became responsible for delivering community and mental health services for the Athabasca Health Authority Inc. (AHA). Also, the RHA received AHA's acute care funding from the Department of Health and paid these funds to the Uranium City Hospital, which is responsible for delivering AHA's acute care services.

The funding the RHA received and the payments it made on behalf of AHA for the 2002-2003 fiscal year are:

Funds received from Saskatchewan Health for the AHA area:

| | | 2003 | | 2002 |
|---|---|---|---|---|
| Uranium City Hospital | | $187,744 | | $1,664,280 |
| Community and mental health services | $8,097 | | 688,358 | |
| Plus (less) over expended (unspent) funds as at March 31st* | 7,569 | 15,666 | (50,335) | 638,023 |
| | | $203,410 | | $2,302,303 |

Funds paid on behalf of AHA:

| | 2003 | 2002 |
|---|---|---|
| To Uranium City Hospital | $187,744 | $1,664,280 |
| For community and mental health services | 15,666 | 638,023 |
| | $203,410 | $2,302,303 |

*These funds are due to the RHA for the delivery of past year's community and mental health care services in the AHA area.

## 8. Related Party Transactions

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

| | 2003 | 2002 |
|---|---|---|
| Account Receivable | $ 25,000 | $ 11,759 |
| Account Payable | $ 229,144 | $ 207,096 |
| Revenue – Saskatchewan Government Insurance | $ 187,525 | $ 109,528 |
| Expense | $2,000,776 | $1,861,512 |

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

## 9. Comparative Information

a) Certain 2001-2002 balances have been reclassified to conform with the current year's presentation.

## 10. Pension Plan

Employees of the RHA participate in one of the following pension plans. Some employees participate in the Saskatchewan Healthcare Employees' Pension Plan (SHEPP), which is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU and HSAS. SHEPP, is a multi-employer defined benefit plan which came into effect December 31, 2002. (Prior to December 31, 2002 this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors). Other employees participate in either the Public Service Superannuation Plan (a related party) which is also a defined benefit plan, or the Public Employees' Pension Plan (a related party) which is a defined contribution plan, both of these plans are the responsibility of the Province of Saskatchewan. The RHAs financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services.

Pension expense for the year amounted to $263,734 (2002 - $256,328) and is included in benefits.

## 11. Budget

The operating budget, which is included in the RHA's Health Plan, was approved by the RHA and the Minister of Health.

## 12. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

cash and short-term investments
accounts receivable
accounts payable
accrued salaries and vacation payable

d) Operating Line-of-Credit

The RHA has a line of credit of $500,000 (2002 - $200,000) with an interest rate charged at prime rate. The line-of-credit is secured by an Assignment and Hypothecation of Revenues. Total interest paid on the line-of-credit in 2003 was $nil (2002 $nil). This line-of-credit was approved by the Minister on June 19, 2002.

## 13. Affiliates/Health Care Organizations

The RHA has also entered into affiliation agreements with healthcare organizations to provide services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to health care organizations:

| | 2003 | 2002 |
|---|---|---|
| Sandy Bay Outpatient Center Corporation | $ 124,590 | $ 120,151 |
| Creighton Alcohol and Drug Abuse Council Inc. | 117,802 | 115,127 |
| | $ 242,392 | $ 235,278 |

## 14. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

## 15. Loan Guarantee

Mamawetan Churchill River Regional Health Authority is one of eleven shareholders of North Saskatchewan Laundry & Support Services Ltd. In March 2003, the Board of Directors passed a resolution to guarantee a proportionate share (1/11) of an operating loan for the laundry service. The liability of Mamawetan Churchill River Regional Health Authority is limited to $116,400.

# APPENDIX D

# FINANCIAL STATEMENT SCHEDULES

# MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
## SCHEDULE OF EXPENSES
## FOR THE YEAR ENDED MARCH 31

| | 2003 | 2002 (Note 9) |
|---|---|---|
| ***Operating*** | | |
| Ambulance services grants | $409,716 | $388,416 |
| Benefits | 1,106,657 | 1,055,464 |
| Diagnostic Imaging supplies | 16,621 | 17,795 |
| Drugs | 232,244 | 178,448 |
| Food | 129,867 | 145,813 |
| Grants to third parties (Note 7 & Note 14) | 445,802 | 2,537,581 |
| Housekeeping and laundry services | 21,133 | 18,709 |
| Information Technology Contract & Licenses | 163,297 | 207,832 |
| Insurance | 16,529 | 15,645 |
| Interest expense | 9,055 | 4,598 |
| Laboratory supplies | 39,501 | 47,100 |
| Medical and surgical supplies | 145,769 | 131,289 |
| Medical remuneration and benefits | 129,527 | 27,135 |
| Office supplies and other office costs | 67,575 | 72,677 |
| Other | 907,846 | 923,479 |
| Purchased service | 478,739 | 710,303 |
| Rent/lease | 291,386 | 306,898 |
| Repairs and maintenance | 36,461 | 38,542 |
| Salaries | 7,371,527 | 6,953,966 |
| Telephone Expense | 125,356 | 176,208 |
| Travel expense | 449,185 | 418,894 |
| Utilities | 300,810 | 255,322 |
| Total Operating | $12,894,603 | $14,632,114 |
| ***Restricted*** | | |
| Amortization | $541,066 | $572,438 |
| Other | 7,952 | 5,891 |
| | $ 549,018 | $ 578,329 |

# MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
## SCHEDULE OF INVESTMENTS
## For the Year Ended March 31

| | Amount | Maturity | Effective Rate | Coupon Rate |
|---|---|---|---|---|
| **Restricted Investments** | | | | |
| Cash and Short Term | | | | |
| Chequing and Savings: | | | | |
| Prince Albert Credit Union | $ 16,277 | | | |
| Flin Flon Royal Bank | 4,427 | | | |
| Flin Flon Credit Union | 2,901 | | | |
| La Ronge CIBC | 87,727 | | | |
| | $ 111,332 | | | |
| **Unrestricted Investments** | | | | |
| Cash and Short-Term Chequing and Savings - CIBC | $ 588,810 | | | |
| Long-Term - Province of Saskatchewan | 0 | | | |
| Total Investments | $ 588,810 | | | |

Restricted Investments consist of: community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and Saskatchewan Health has provided designated funding for capital expenditures. As a condition of this funding, the RHA is required to classify these funds as externally restricted in the Capital Fund (Note 2[ii] and Schedule 3).

# MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
## SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
### For the Year Ended March 31

## COMMUNITY TRUST FUND

| Trust Name | Balance Beginning of Year | Investment & Other Revenue | Donation | Expenses | Withdrawals | Balance End of Year |
|---|---|---|---|---|---|---|
| La Ronge Home Care | $ 4,586 | $ 2 | $ 0 | $ 875 | $ 0 | $ 3,713 |
| Weyakwin Home Care | 9,116 | 20 | 0 | 3,481 | 0 | 5,655 |
| Creighton Home Care | 2,836 | 65 | 0 | 0 | 0 | 2,901 |
| Sandy Bay Home Care | 6,105 | 500 | 0 | 2,179 | 0 | 4,426 |
| Pinehouse Home Care | 3,834 | 389 | 0 | 300 | 0 | 3,923 |
| Total | $ 26,477 | $ 976 | $ 0 | $ 6,835 | $ 0 | $ 20,618 |

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the rate payers of the various municipalities and shall be used for health related purposes. The committees have the power to establish rules and procedures and the majority decision of the committees shall be binding upon the Regional Health Authority with respect to use of the trust fund.

## CAPITAL TRUST FUND

| Capital Asset | Balance Beginning of Year | Revenue | Expenses | Balance End of Year |
|---|---|---|---|---|
| Mobile Home - Sandy Bay | $ 70,327 | $ 0 | $ 68,442 | $ 1,885 |
| Vitros Chemistry Analyzer - La Ronge | 117,500 | 0 | 88,035 | 29,465 |
| Cardiac Monitor - La Ronge | 12,000 | 0 | 16,037 | (4,037) |
| Sterilizer - La Ronge | 12,000 | 0 | 6,816 | 5,184 |
| Vital Signs Monitor - La Ronge | 5,000 | 0 | 0 | 5,000 |
| Ultrasound Stretcher - La Ronge | 9,300 | 0 | 9,508 | (208) |
| Saskatchewan Cart - La Ronge | 6,000 | 0 | 0 | 6,000 |
| Chemicalave (2) - La Ronge | 13,200 | 0 | 6,810 | 6,390 |
| Total | $ 245,327 | $ 0 | $195,648 | $ 49,679 |

# MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
## SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
## For the Year Ended March 31

| | Balance, beginning of year | Transfer from unrestricted fund balance: Net income allocated | Transfer from Externally Restricted fund balance | Transfer to investment in capital asset fund balance | Balance, end of year |
|---|---|---|---|---|---|
| Capital Fund | $ 29,240 | $ 19,601 | $ 75,258 | $ 39,531 | $ 84,568 |

Amounts represented in this schedule are donations to be used for capital purchases.

# MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
## SCHEDULE OF RESTRICTED FUND BALANCES
## For the Year Ended March 31

| | Capital Fund 2003 | Community Trust Fund 2003 (Schedule 3) | Total 2003 | Total 2002 (Note 9) |
|---|---|---|---|---|
| REVENUES | | | | |
| Saskatchewan Health | | | | |
| - General Revenue Fund | $ 0 | $ 0 | $ 0 | $ 245,327 |
| Donations | 11,096 | 0 | 11,096 | 13,028 |
| Investment Income | 4,292 | 976 | 5,268 | 1,799 |
| Other | 5,331 | 0 | 5,331 | 675 |
| | 20,719 | 976 | 21,695 | 260,829 |
| EXPENSES | | | | |
| Acute services | 477,122 | 0 | 477,122 | 506,003 |
| Home based services | 0 | 6,835 | 6,835 | 3,326 |
| Alcohol and drug services | 48,796 | 0 | 48,796 | 51,750 |
| Rehabilitation services | 16,265 | 0 | 16,265 | 17,250 |
| Total expenses (Schedule 1) | 542,183 | 6,835 | 549,018 | 578,329 |
| (Deficiency) excess of revenues over expenses | (521,464) | (5,859) | (527,323) | (317,500) |
| Fund balances, beginning of year | 12,271,863 | 26,477 | 12,298,340 | 12,615,840 |
| Fund balances, end of year | $11,750,399 | $ 20,618 | $11,771,017 | $12,298,340 |